

<b>Case Number:</b>	CM13-0041670		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	08/12/2012
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53-year-old female who reported an injury on 08/12/2012 while she was pulling, holding, placing, and stacking boxes. She was repetitively using her hands all the time. The injured worker had complaints of right shoulder pain and bilateral wrist pain. Physical examination on 05/17/2014 revealed tenderness upon palpation of the right shoulder on the sternoclavicular and acromioclavicular joint, and the supraspinatus. There was no noted atrophy and the strength was normal. Range of motion values for the right shoulder was abduction to 150 degrees, forward flexion to 150 degrees, internal rotation to 50 degrees, external rotation to 70 degrees, and adduction of the right shoulder was to 30 degrees. There was no sign of impingement. Neer's test and Hawkins test were negative. There was noted tenderness in bilateral hands and wrists, but not in radial deviation. Neurological exam of the upper motor signs, Babinski's and Hoffman's tests were negative. Sensory exam was normal. The injured worker was on cyclobenzaprine, but stopped because it caused her stomach problems. Current medications were naproxen, compounded Flurbiprofen and Terocin patches. The injured worker had an MRI of the right shoulder on 04/11/2014 which revealed acromioclavicular osteoarthritis, supraspinatus tendinitis, infraspinatus tendinitis with possible tear involving the under surface, it also revealed subscapularis tendinitis. The injured worker had electrodiagnostic studies done on 02/25/2014 of the cervical spine and upper extremities showed no electrical evidence of cervical radiculopathy or any peripheral neuropathy. The injured worker had 24 sessions of physical therapy/modality therapy. Diagnoses were right shoulder subacromial bursitis, right shoulder adhesive capsulitis, right shoulder supraspinatus tendinitis, and bilateral wrist sprain/strain. Treatment plan for the injured worker was to have a urine toxicology screening and continue with medications as directed. The rationale and Request for Authorization were not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

### **MRI OF THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The request for MRI of the right shoulder is not medically necessary. The injured worker had an MRI of the right shoulder on 9/21/2013 and on 04/11/2014. They both have similar impressions with findings of osteoarthritis, tendinitis, except the one dated 04/11/2014 mentioned a possible tear involving the undersurface. It was recommended to consider MR arthrogram for further evaluation if clinically indicated. CA MTUS/ACOEM states for patients with limitations of activity after 4 weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist with reconditioning. Imaging findings can be correlated with physical findings. The injured worker had 24 sessions of physical therapy with no functional improvement reported. The physical examination finding of the right shoulder from past progress notes were consistent with the same findings. Also, the injured worker has undergone 2 MRI's of the right shoulder which have been diagnostic in nature. There is a lack of significant objective change in the injured worker's right shoulder to support performing another MRI. Therefore, the request for MRI of the right shoulder is not medically necessary.

### **ELECTROMYOGRAPHY (EMG), BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The request for Nerve Conduction Velocity (NCV) testing, bilateral upper extremities is not medically necessary. The injured worker had electrodiagnostic studies done on 09/24/2013 and 02/25/2014, both reported as normal studies. CA MTUS/ACOEM Guidelines state in cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. There were no significant deficits reported from physical examinations to support the request submitted to include neurological deficits. The injured worker had 2 electromyography studies; both reported normal studies. The clinical information provided failed to indicate there had been new or a progression of symptoms since the prior studies to support additional studies. Therefore, the request for Nerve Conduction Velocity (NCV) testing, bilateral upper extremities is not medically necessary.

**NERVE CONDUCTION VELOCITY (NCV) TESTING, BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The request for Electromyography (EMG), bilateral upper extremities is not medically necessary. The injured worker had electromyography studies on 09/24/2014 and 02/25/2014, both reported as normal studies. CA MTUS/ACOEM Guidelines state in cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. There were no significant deficits reported from physical examinations to support the request submitted to include neurological deficits. The injured worker had 2 electromyography studies; both reported normal studies. The clinical information provided failed to indicate there had been new or a progression of symptoms since the prior studies to support additional studies. Therefore, the request for electromyography (EMG), bilateral upper extremities is not medically necessary.