

<b>Case Number:</b>	CM13-0045431		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/11/1998
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 physician 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 medical records documented that this is a 55 year old female with a date of injury of 6/11/98. It appeared, based on the medical records provided, that the patient has had issues with her neck, thoracic spine, and lumbar spine. There was also documentation of elbow symptomatology as well as radiation of pain from the patient's cervical region. The most recent clinical note for review was dated 10/30/13, a neurologist. The physician documented complaints of paresthesia in both lower extremities. There was also questionable nocturnal dysesthesias in the bilateral index fingers. The clinical notes documented individual muscle testing was performed and noted as "normal." There did not appear to be any significant examination findings of the shoulder on this claimant. Reference was made to previous EMG/NCV performed on 4/11/12 and documented to be completely normal. The lower extremity testing was apparently missing the evaluation of various nerves of the lower extremities including the tibial nerve report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV bilateral upper and lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** With regard to the nerve conduction studies, there is no clinical documentation of any significant change in symptomatology regarding the upper extremities. As the initial study done on 4/11/12 was essentially normal and based upon the lack of any significant change in history or clinical findings, it does not appear to be reasonable to proceed with repeat upper extremity nerve conduction studies. With regard to lower extremity nerve conduction study, there is a question by [REDACTED] with regard to the actual study itself and whether this was performed adequately. The report itself was not provided. Clarification of the previous study of the lower extremities would be necessary prior to recommending NCV of the lower extremities. It appears based on clinical examination by [REDACTED] that the claimant has complaints of dysesthesia in the lower extremities which have not subsequently changed. Since the lower extremity complaints have not changed, it would seem reasonable to clarify the previous report before recommending repeat NCV of the lower extremities.

**Right shoulder x-ray:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** Based on current California MTUS ACOEM 2004, the request for a right shoulder x-ray cannot be supported. There does not appear to be any clinical documentation of any actual shoulder complaints or conservative treatment provided for the shoulder. There is no documentation or evidence of any acute trauma to the shoulder in this case and no documentation of any significant change in symptomatology in the shoulder. As such, it does not appear to be reasonable to proceed with shoulder x-ray based on the current ACOEM Guidelines as well as the clinical documentation provided.