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| Case Number: | CM13-0047145 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 11/11/2011 |
| Decision Date: | 03/06/2014 | UR Denial Date: | 10/22/2013 |
| Priority: | Standard | Application Received: | 11/05/2013 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 56 year-old female. The date of Injury was November 11, 2011. The current diagnoses are: Left shoulder strain and status-post left shoulder arthroscopic rotator cuff repair. MRI left shoulder dated 3/15/2012 (outside of Kaiser) reveals: full to near full thickness tear of supraspinatus 8 X 7 mm. Minimal osteoarthritis in the AC joint. In the report on file, dated October 15, 2013, [REDACTED] notes: Handwritten report (mostly illegible). Subjective: The patient has left shoulder (illegible). Objective: There is a positive Apley's test and positive Impingement of the left shoulder. There is 4/5 motor strength of the left upper extremity. 7/8/13 physical exam reveals some weakness in the LUE and subjective complaints of tingling in the left arm. Negative Spurling sign. Intact reflexes and sensation. 7/3/13 PRIMARY TREATING PHYSICIAN COMPLEX ORTHOPEDIC CONSULTATION exam reveals decreased cervical ROM. CURRENT COMPLAINTS: There is constant pain in her left shoulder and underarm. There is limited motion of the left shoulder. She has difficulty performing overhead reaching activities, lifting, carrying, and range of motion activities. Left Wrist-There is on and off tingling and burning sensation in her left wrist. The symptoms are aggravated but she cannot pin point any specific activities. NECK She has on and off pain in the on the left side associated with stiffness and soreness Diagnosis: 1. WORK-RELATED INJURY LEFT SHOULDER, STATUS POST ARTHROSCOPY, ACROMIOCLAVICULAR JOINT RESECTION AND ADHESIVE CAPSULITIS. 2. CHRONIC CERVICAL STRAIN/LEFT WRIST STRAIN. Prior UR denied BUE NCS. This review address the issue again of whether BUE NCS is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Nerve Conduction Studies (NCS) of The Bilateral Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Outpatient nerve conduction studies (NCS) of the bilateral upper extremities is not medically necessary AS WRITTEN per MTUS guidelines. Per guidelines, "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." Patient has reasonable symptoms of persistent weakness in the LUE, arm pain, tingling and burning, and cervical pain to warrant a LUE NCS. There is no documentation of symptoms in the RUE, therefore outpatient nerve conduction studies (NCS) of the bilateral upper extremities is not medically necessary as written.