

Case Number:	CM13-0048563		
Date Assigned:	12/27/2013	Date of Injury:	09/26/2011
Decision Date:	05/05/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/06/2013

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 Occupational Medicine, 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and upper extremity pain reportedly associated with an industrial injury of September 26, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; muscle relaxants; and transfer of care to and from various providers in various specialties. The applicant's case and care have been complicated by comorbid hypertension, it is incidentally noted. In a Utilization Review Report of October 22, 2013, the claims administrator denied a request for nerve conduction testing of the right upper extremity, EMG testing of the right upper extremity, and MRI imaging of the shoulder. A variety of non-MTUS Guidelines were cited. The denial was seemingly predicated on a paucity of supporting documentation. It is noted that EMG testing was ultimately performed on November 20, 2013 and was notable for a moderate right-sided carpal tunnel syndrome with no evidence of a cervical radiculopathy. An October 9, 2013 progress note is notable for comments that the claimant reports persistent shoulder pain Final Determination Letter for IMR Case Number [REDACTED] with numbness about the right arm. The applicant is on Flexeril, Losartan, and hydrochlorothiazide. The applicant does have comorbid hypertension. The applicant reportedly has a negative impingement maneuver about the shoulder. Strength and sensation are reportedly intact about the upper extremities. Electrodiagnostic testing of the right upper extremity is sought to further evaluate the applicant's numbness. On November 21, 2013, the applicant underwent cervical MRI imaging which was notable for multilevel disk bulges of uncertain clinical significance. On December 12, 2013, the applicant was again described as having persistent shoulder pain with continued numbness about the right hand. Diminished sensorium was noted about the fingertips. The applicant had a positive impingement maneuver about the right shoulder. A corticosteroid injection for the applicant's shoulder was sought. A

shoulder MRI of November 22, 2013 was performed and was reportedly negative for any rotator cuff tear but did reveal low-grade arthritic changes.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6, 214.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, MRI imaging is "recommended" in the preoperative evaluation of partial-thickness or large full-thickness rotator cuff tears. In this case, however, the attending provider stated that the employee was not in fact intent on pursuing any kind of surgical remedy. It was thought that the employee's shoulder issues could be managed via injection therapy and/or physical therapy. Thus, the employee was not a surgical candidate for whom shoulder MRI imaging was indicated. It is further noted that the shoulder MRI in question was ultimately performed and failed to reveal a clear source for the employee's complaints. Therefore, the request is not certified, on Independent Medical Review.

NCS OF THE RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 269.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, in cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. In this case, the employee was having ongoing issues with upper extremity paresthesias with numbness and tingling about the hand and fingers. The employee's issues with numbness of the hands and fingers had seemingly proven recalcitrant to various forms of conservative treatment including time, medications, physical therapy, etc. Nerve conduction testing to more clearly delineate the extent of the same was indicated. It is further noted that the study in question was positive for carpal tunnel syndrome. Therefore, the request is certified, for all of the stated reasons.

EMG OF THE RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other suspected conditions, such as a cervical radiculopathy. In this case, the employee did have issues with neck and shoulder pain superimposed on issues with wrist and hand numbness. EMG testing to help differentiate between a possible cervical radiculopathy, a generalized peripheral neuropathy, and/or carpal tunnel syndrome was indicated and appropriate. Therefore, the request is certified, on Independent Medical Review.