

<b>Case Number:</b>	CM13-0048737		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/09/2001
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 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 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 patient is a 66-year-old work hardening program was injured in a work related accident on March 9, 2001. The recent clinical assessment for review include November 18, 2013 follow-up progress report indicating continued complaints of neck pain with radiating right upper extremity and left shoulder complaints. The neck pain was described as moderate to severe and constant in nature. The physical examination findings were not documented. Available for review was a previous MRI of the cervical spine of 2009 showing multilevel disc osteophyte complex most pronounced at the C4-5 and C5-6 level. Electrodiagnostic studies January 18, 2008 showed moderate carpal tunnel syndrome bilaterally with chronic cubital tunnel syndrome findings bilaterally and no evidence of a cervical radicular process. The patient's working diagnosis was carpal tunnel syndrome bilaterally, tenosynovitis and rotator cuff tendinopathy. There was a diagnosis of cervical radiculopathy. The treatment plan was for intramuscular injection of Toradol as well as repeat bilateral upper extremities electrodiagnostic studies. The previous assessment of October 10, 2013 also failed to demonstrate neurologic findings to the upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AN EMG (ELECTROMYOGRAPHY) OF BILATERAL UPPER EXTREMITIES (BUE):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

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

**Decision rationale:** The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines states that electromyography, 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." The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines indicate that electrodiagnostic studies to the upper extremities would not be indicated. The patient is with no indication of acute radicular findings that would be indicative of the need for repeat testing. The request for an EMG of the BUE is not medically necessary or appropriate.

**NCV OF BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

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

**Decision rationale:** The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines state that electrodiagnostic studies to the upper extremities would not be indicated. The records do not show that the patient has an indication of acute radicular findings that would be indicative of the need for repeat testing. The absence of progressive clinical findings in this setting would fail to necessitate further electrodiagnostic testing at present. The request for an NCV of the BUE is not medically necessary or appropriate.

**TORADOL 60 MG, 4 UNITS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), Specific Drug List & Adverse Effects, page 70..

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines would not support the role of Toradol. The Chronic Pain Medical Treatment Guidelines indicate that Toradol comes with a boxed warning that the medication is not indicated for minor or chronic painful conditions. Given the timeframe from injury and clear indication of a chronic condition the acute use of intramuscular Toradol would not be supported by the guideline criteria. The request for Toradol 60 mg, four units, is not medically necessary or appropriate.