

Case Number:	CM13-0050494		
Date Assigned:	12/27/2013	Date of Injury:	11/05/2012
Decision Date:	04/29/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/13/2013

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 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 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 32 year old female who was injured on 11/5/12 while picking up a table. Prior treatment history has included therapy without significant improvement. The patient underwent a right shoulder arthroscopic glenoid infrastructure subacromial bursectomy and injection of major point on 4/30/13. The patient had 12 postoperative therapy sessions. The patient had completed 20 physical therapy visits for right shoulder as of 7/25/13. An MR arthrogram of the right shoulder dated 3/5/13 revealed mild tendinosis supraspinatus tendon, no evidence of labral tear, and a small amount of contrast within the subdeltoid bursa, possibly representing leakage through the rotator cuff interval versus contrast entering along the injection site. X-rays of the right hand, right shoulder, and cervical spine taken on 11/14/13 showed no significant abnormalities. EMG/NCV dated 11/25/13 revealed bilateral carpal tunnel syndrome with prolonged bilateral median motor and median sensory nerve latencies across the wrists (moderate on the right, mild on left), and no electrodiagnostic evidence of right or left cervical radiculopathy, cubital tunnel syndrome, radial tunnel syndrome or peripheral neuropathy. A progress note dated 12/19/13 documented the patient to have complaints of increased discomfort with the colder weather. Objective findings on exam of cervical spine reveal tenderness to palpation in the right upper mid and lower paravertebral and trapezius muscles. The range of motion is flexion to 30 degrees with 40 degrees right lateral bending, 40 degrees left lateral bending, 50 degrees right lateral rotation, 40 degrees left lateral rotation, and 30 degrees extension. There is increased pain with cervical motion. There is negative Spurling's, Adson's, and Wright's maneuvers. There is tenderness in the thoracic spine to palpation in the right upper paravertebral muscles. There is mild limitation of motion. On the right shoulder girdle, there is periscapular and trapezius tenderness with no winging. There is no tenderness and negative Tinel's sign over the brachial plexus and thoracic outlet. On examination of the right shoulder,

there are well-healed nontender arthroscopic incisions without signs of infection. There is no soft tissue swelling. There is no tenderness to palpation. There is no AC joint or bicipital tenderness and no irritability. There is negative impingement sign, grind sign, apprehension sign, and relocation sign. There is no shoulder instability. There are no paresthesias with shoulder motion. There is Grade IV/V rotator cuff/deltoid biceps strength. Range of motion is flexion 165 degrees, abduction 160 degrees, extension 45 degrees, external rotation 50 degrees, internal rotation 60 degrees and adduction 40 degrees. There is a greater passive range of motion without obvious adhesive capsulitis. Examination of the right elbow reveals no tenderness to palpation. There is satisfactory range of motion without discomfort. There is negative Tinel's sign at the ulnar groove. There is negative elbow flexion sign without ulnar nerve subluxation. On the right wrist there is no tenderness to palpation. There is satisfactory range of motion without discomfort. There is negative Tinel's sign, median nerve compression, Phalen's, median nerve compression sign, Finklesteins', Watson's, and Allen's sign. There is satisfactory range of motion in the digits. Neurological exam reveals patchy, decreased sensation in the right upper extremity in the C6 distribution without discrete weakness or reflex asymmetry. Diagnoses include status post right shoulder operative arthroscopy with glenoid microfracture procedure and subacromial bursectomy, cervical spine strain, right cervical radiculopathy, and degenerative joint/degenerative disc disease with protrusion at C5-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG LEFT UPPER EXTREMITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: This is a request for EMG of the left upper extremity for a patient with chronic pain from an 11/5/12 lifting injury. After extensive review of the medical records, the patient does not appear to have been complaining of left upper extremity symptoms. No definitive neurologic findings are noted on exam of the left upper extremity. Medical necessity has not been established. Therefore, EMG of left upper extremity is non-certified.

EMG 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 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: This is a request for EMG of the right upper extremity for a patient with chronic pain from an 11/5/12 lifting injury. On 10/3/13, the patient was noted to be complaining

of neck pain with radiation into the right upper extremity, as well as right upper extremity tingling and numbness. Decreased sensation in a patchy C6 distribution was noted on exam. Right cervical radiculopathy was diagnosed. On 11/13/13, the patient was noted to have pain and numbness in the right hand and wrist with positive Phalen's sign on exam. She was diagnosed with right carpal tunnel syndrome. In light of the patient's symptoms suggestive of neuropathy, positive findings on physical exam, and diagnostic uncertainty, EMG of the right upper extremity is medically necessary.