MAXIMUS Federal Services

Case Number:	CM13-0051092		
Date Assigned:	12/27/2013	Date of Injury:	02/01/2013
Decision Date:	05/23/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/14/2013

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:

According to the medical records provided for review, this is a 47-year-old female with an apparent eight month history of chronic wrist and hand pain and a questionable date of injury on 2/7/13 when the claimant was getting out of her vehicle and fell to the ground sustaining an injury to the upper extremity as it was used to "protect the fall." The records contain conflicting information documenting that at a visit with Concentra on 2/15/13 (approximately one week after the injury); there was documentation of a fall backwards where the claimant "landed on the buttock." There is no mention of any shoulder or upper extremity injury other than a finger contusion. The only other mention in that note is that of a left ankle twisting injury. Clinical documentation by [redacted] dated 10/3/13 reported the "physical therapy that was done" made the symptoms "a little better" but was discontinued. Based on the clinical documentation by [redacted], the claimant was noted to have excellent range of motion of the wrist and elbow. Shoulder motion had mild limitations of 135 degrees of abduction, 165 degrees of forward flexion, and normal internal/external rotation. There was tenderness of the rotator cuff with a grossly positive Slocum's test. It is unclear from the records as to the reference to the Slocum's test as this is traditionally a test for knee anterolateral rotatory instability. There was no mention in the clinical documentation of any neurologic changes in the upper extremity. There was no evidence of any weakness of the rotator cuff. There was no mention of any drop arm test or impingement type symptoms. There was also no documentation of any other types of conservative measures provided such as a subacromial injection in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI ARTHROGRAM OF RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC), Integrated Treatment/Disability Duration Guidelines (DDG), Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208; 207-208.

Decision rationale: The ACOEM guidelines state that for most patients with shoulder problems special studies are not needed unless a four to six week period of conservative care and observation fails to improve symptoms. Based upon review of the documentation provided, it does not appear that proceeding with right shoulder arthrogram is warranted. There is also insufficient evidence on physical examination of rotator cuff pathology as well as lack of documentation of other conservative measures that would be warranted in this case. As such, MR arthrogram of right shoulder is not medically necessary and appropriate.

BILATERAL EXTREMITY EMG/NCS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC), Integrated Treatment/Disability Duration Guidelines (DDG), Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208; 207-208.

Decision rationale: The ACOEM Guidelines state for patients with shoulder problems special studies are not needed unless a four to six week period of conservative care and observation fails to improve symptoms. Routine testing and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms. Based upon review of the documentation provided, a bilateral upper extremity EMG/NCS is not warranted. There is lack of documentation of any neurologic manifestations on exam to warrant nerve testing. There is also insufficient evidence on physical examination of rotator cuff pathology as well as lack of documentation of other conservative measures. Therefore, the requested EMG/NCS is not medically necessary and appropriate.