

Case Number:	CM13-0051516		
Date Assigned:	12/27/2013	Date of Injury:	10/06/2009
Decision Date:	03/12/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/14/2013

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 Orthopedic Surgery 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 patient is a 42-year-old female who reported an injury on 10/06/2009 due to the use of a vacuum cleaner which reportedly caused injury to her right shoulder. The patient ultimately underwent rotator cuff repair in 09/2010. It was noted within the documentation that the patient underwent an EMG in 06/2011 that determined the patient had symptoms consistent with cervical radiculopathy on the right involving the C6-7 nerve roots and evidence to suggest carpal tunnel syndrome considered mild to moderate in severity on the right side. The clinical documentation also indicates that the patient underwent a cervical MRI in 01/2010 that revealed disc protrusions at the C4-5 and C5-6 with mild to moderate canal stenosis and retrolisthesis at the C4-5 and C5-6. The patient's most recent clinical evaluation revealed chronic neck pain radiating into the right upper extremity with a positive Tinel's sign bilaterally and restricted cervical range of motion due to pain. The patient had tenderness to palpation and spasming at the base of the cervical spine. The patient's diagnoses included internal derangement of right shoulder, carpal tunnel syndrome, right C6-7 radiculopathy. The patient's treatment plan included repeat diagnostic studies to include an MRI and an EMG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography 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): 177-179.

Decision rationale: The requested electromyography of the bilateral upper extremities is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies when patients have evidence of radiculopathy; however, the level of involvement is not clearly defined upon examination. The clinical documentation submitted for review does provide evidence that the patient already underwent an electrodiagnostic study that identified that the patient had radiculopathy type symptoms. The clinical documentation submitted for review does not provide any evidence of a change in the patient's clinical presentation to support the need for additional electrodiagnostic testing. Therefore, the need for additional electromyography of the bilateral upper extremities is not indicated. As such, the requested electromyography of the bilateral upper extremities is not medically necessary or appropriate.

MRI of the Cervical Spine without contrast: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, MRI.

Decision rationale: The requested MRI of the cervical spine without contrast is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient previously underwent a cervical MRI. Official Disability Guidelines do not recommend repeat imaging in the absence of progressive neurological deficits or a significant change in the patient's pathology. The clinical documentation submitted for review does not clearly indicate that the patient has significant progressive neurological deficits. Therefore, the need for repeat imaging is not indicated. As such, the requested MRI of the cervical spine without contrast is not medically necessary or appropriate.