

Case Number:	CM13-0059588		
Date Assigned:	12/30/2013	Date of Injury:	07/01/2005
Decision Date:	04/10/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 62 year old female who reported injury on 07/01/2005. The mechanism of injury was not provided. The patient was noted to have undergone previous right shoulder surgeries. Per the clinical documentation of 10/23/2013, the patient had prior MRI studies of the bilateral shoulders. Objectively, there were noted to be positive impingement signs in the bilateral shoulders. The patient's right shoulder abduction and forward flexion were 90 degrees. The left shoulder abduction was 60 degrees and forward flexion 80 degrees. Otherwise, it was indicated these findings were unchanged from previous examinations. The patient had weakness with abduction and atrophy of the right deltoids. The neurological examination was grossly unchanged. The diagnoses were noted to include rule out impingement/rotator cuff pathology right and left shoulder, a remote history of bilateral shoulder surgery and disproportionate neurologic findings of the lower extremities, objectify. The request was made for an updated MRI for bilateral shoulders and an EMG/NCV of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the bilateral shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, MRI

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

Decision rationale: Official Disability Guidelines indicate a repeat MRI is reserved for significant change in symptoms and/or findings suggestive of a significant pathology. The patient had a prior MRI of the shoulder; official read and date were not provided. The clinical documentation submitted for review failed to provide documentation of a significant change in symptoms and/or findings suggestive of a significant pathology. As such, the request for MRI of the bilateral shoulders is not medically necessary.

EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: ACOEM states that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 weeks or 4 weeks. The neurological examination was grossly unchanged, however, there was no other documentation to objectify what "grossly unchanged" meant. The clinical documentation submitted for review failed to provide objective findings to support the necessity for an EMG. Given the above and the lack of documentation of radicular findings, the request for EMG of the bilateral lower extremities is not medically necessary.

NCS of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

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

Decision rationale: Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The neurological examination was grossly unchanged, however, there was no other documentation to objectify what "grossly unchanged" meant. There was a lack of documented rationale for the necessity for an EMG and NCS. Given the above, the request for NCS of the bilateral lower extremities is not medically necessary.