

Case Number:	CM13-0063107		
Date Assigned:	12/30/2013	Date of Injury:	10/30/2008
Decision Date:	05/16/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 62 year old female who was injured on 5/29/12 while moving boxes of dry ice and cleaning a machine. Prior treatment history has included physical therapy. The patient underwent a right arthroscopy, glenohumeral synovectomy and lysis of adhesions, repair of labral tear, subdeltoid bursectomy and lysis adhesions, acromioclavicular joint synovectomy lysis of adhesions, and partial inferolateral claviclectomy on 6/8/13. An MRI of the right shoulder with arthrogram dated 10/24/13 showed a metallic artifact on the superior aspect, likely due to prior surgery. It also revealed Type II SLAP injury, osteoarthropathy, and capsular hypertrophy of the acromion-clavicular joint. A nerve conduction study of the bilateral upper extremities performed on 11/21/13 was normal. There was no evidence to suggest a peripheral neuropathy, nerve entrapment, or radiculopathy. Electromyogram of the bilateral upper extremities dated 11/21/13 was normal, with no sign of radiculopathy. An office note dated 10/29/13 reported that the patient had complaints of neck pain, right shoulder pain, right elbow pain, right and left wrist, and hand pain. On exam, there were well-healed portals secondary to arthroscopic surgery. There was tenderness to palpation about the right shoulder with restriction and painful range of motion. There was decreased mobility in the cervical spine. There was tenderness to palpation along the cervical paraspinal musculature. The patient was diagnosed with status post right shoulder video arthroscopy; cervical spine strain/sprain with lateral epicondylitis; right wrist sprain/strain with carpal tunnel syndrome; left wrist sprain/strain with carpal tunnel syndrome; symptoms of anxiety and depression; and symptoms of insomnia. The patient was prescribed an EMG/NCS study of the right upper extremity to establish the presence of radiculitis/neuropathy. An office note dated 10/1/13 stated that the patient presented with complaints of sharp pain with numbness and a burning sensation in the right shoulder. The patient's pain level was at 8/10. She had pain with pushing, pulling, and lifting. On physical

exam, there were well-healed portals secondary to arthroscopic surgery. There was tenderness to palpation about the right shoulder with restriction and painful range of motion. An office note dated 7/9/13 indicated that the patient was still complaining of stiffness over the right shoulder. The pain had improved, but she was still complaining of pain over the left hand and wrist. Objective findings on exam revealed some restriction of mobility to about 30% in the right shoulder. The incision was clean and healed without any signs of infection.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV (NERVE CONDUCTION VELOCITY) RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: As per the California MTUS guidelines, nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Guidelines also indicate that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. In this case, this patient is status post right shoulder surgery and still complains of pain, numbness, and stiffness in the right shoulder. The provider has requested NCV of the right upper extremity to establish the presence of radiculitis/neuropathy; however, there is no documentation of abnormal neurologic findings on physical exam such as diminished reflexes and sensory or motor deficits consistent with radiculopathy or neuropathy. Additionally, there is documentation of prior NCV of the bilateral upper extremities that was unremarkable. Thus, the request is not medically necessary.

EMG (ELECTROMYOGRAPHY) RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: As per the California MTUS guidelines, electromyography (EMG) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Guidelines also indicate that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to

warrant imaging studies if symptoms persist. In this case, this patient is status post right shoulder surgery and still complains of pain, numbness, and stiffness in the right shoulder. The provider has requested EMG of the right upper extremity to establish the presence of radiculitis/neuropathy; however, there is no documentation of abnormal neurologic findings on physical exam, such as diminished reflexes and sensory or motor deficits consistent with radiculopathy or neuropathy. Additionally, there is documentation of prior EMG of the bilateral upper extremities that was normal without signs of radiculopathy. Thus, the request is not medically necessary.