

Case Number:	CM13-0066749		
Date Assigned:	05/07/2014	Date of Injury:	04/25/2003
Decision Date:	07/09/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/17/2013

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 & Rehabilitation, 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 56 year old male who was injured on 04/25/2013 and sustained an injury to his bilateral shoulder and lower back with radiation into the left lower extremity. The mechanism of injury is unknown. Prior treatment history has included 2 left shoulder arthroscopic surgeries in 02/2004 and 05/2006. He had surgery to the left elbow and the left wrist in 05/2006. The second left elbow surgery was in 2011 without full recovery. Also the patient underwent open exploration with debridement of left ECRB and ECRL with repair on 05/10/2012. PR2 dated 10/18/2013 indicated the patient has complaints of intermittent localized left shoulder pain. He also has a popping sensation in the left shoulder associated with numbness and tingling in the index and ring finger of the left hand. The pain intensity ranges from 3-7/10. The pain increases with reaching, extension and lifting his upper extremity above the shoulder. He has difficulty sleeping. The patient also complains of intermittent lumbar spine pain that radiates into the left hip and down his left leg extending to the ankle. The pain intensity ranges from 3-8/10. The pain increases with prolonged standing. He has difficulty rotating to the left and rising from the seated position. He occasionally walks with an uneven gait. He experiences flare-ups approximately 1 to every 4 to 4 months. He reports over-the-counter medicines temporarily alleviates the pain. Objective findings on exam reveal range of motion exhibits flexion to 40; extension to 10; and lateral bending to 10 bilaterally. Palpation of the lumbar paraspinals muscles revealed tenderness and hypertonicity bilaterally. Palpation of the of quadratus lumborum reveals tenderness and hypertonicity on the left side. straight leg raise is positive on the right side to 60 degrees. Kemp's is positive bilaterally. Muscle strength is 5/5 in the L4 muscle groups, bilaterally. Muscle strength in the L5 and S1 muscle groups are 5/5 in the right side and 4/5 in the left side. Deep tendon reflexes are +2 in the L4 muscle groups bilaterally. Sensation is normal in the L4 and decreased in L5 and S1 muscle groups bilaterally. On examination of the shoulder, range of motion exhibits

flexion to 170 on the right and 150 on the left; extension to 40 bilaterally; abduction to 170 on the right and 140 on the left; adduction to 40 bilaterally; internal rotation to 70 on the right and 60 on the left; and external rotation to 70 on the right and 60 on the left. Hawkin's impingement test is positive on the left side. Muscle strength is 5/5 on the right and 4/5 on the left. The patient is diagnosed with bilateral shoulder rotator cuff syndrome, status post bilateral shoulder arthroscopy, bilateral lateral epicondylitis, status post release, and chronic lumbar strain, rule out disc herniation. It is recommended the patient receives MR arthrogram of the left shoulder, MRI scans of the lumbar spine and left elbow, and EMG/NCV of the bilateral upper extremities and bilateral lower extremities. Prior UR dated 11/25/2013 documents there is no necessity for MRA, MRI of the elbow and lumbar spine, or EMG/NCS of the upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG FOR 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): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Electromyography (EMG).

Decision rationale: According to the CA MTUS guidelines, EMG may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. According to the ODG, EMG is Recommended (needle, not surface) as an option in selected cases. The medical records document the patient was diagnosed with bilateral shoulder rotator cuff syndrome, status post bilateral shoulder arthroscopy, bilateral epicondylitis, and chronic lumbar strain. As the subjective and objective findings are more prominent in the left Upper extremity, the request for bilateral EMG for upper extremity is not medically necessary according to the guidelines.

NCV FOR 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): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Electromyography (EMG).

Decision rationale: According to the CA MTUS guidelines, NCS may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. According to the ODG, NCS is Not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate

radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. The medical records document the patient was diagnosed with bilateral shoulder rotator cuff syndrome, status post bilateral shoulder arthroscopy, bilateral epicondylitis, and chronic lumbar strain. As the subjective and objective findings are more prominent in the left Upper extremity, the progressive report revealed more mechanical cause of pain with no neurological deficit which is mainly on the left side, the request for bilateral NCS for upper extremity is not medically necessary according to the guidelines.

EMG FOR BILATERAL LOWER 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 12 Low Back Complaints Page(s): 303.

Decision rationale: According to the CA MTUS guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. According to the ODG, EMG is Recommended (needle, not surface) as an option may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The medical records document the patient was diagnosed with chronic lumbar strain. In the absence of documented at least one month of conservative treatment, the request is not medically necessary according to the guidelines.

NCV BILATERAL LOWER 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 12 Low Back Complaints Page(s): 303.

Decision rationale: The CA MTUS guidelines have not addressed the issue of dispute. According to ODG, Nerve conduction studies (NCS) is not recommended. The medical records document the patient was diagnosed with chronic lumbar strain. As there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy, the request is not medically necessary according to the guidelines.