

Case Number:	CM13-0069736		
Date Assigned:	01/03/2014	Date of Injury:	04/03/2010
Decision Date:	05/29/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/23/2013

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 Neurology, 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 Injured Worker (IW) is a 60 year old Rheumatic Heart Disease (RHD) female with several complaints including anxiety, depression, poor sleep quality, headaches, and musculoskeletal pain involving the left shoulder, neck and right knee. The IW initially reported pain in the left arm and shoulder in April 2010 and was offered pain medications. She continued to have pain in the left shoulder and neck which she describes as constant and burning. She rates the pain for both the shoulder and neck as an 8 out of 10 on a pain scale of one to ten. On examination, her left shoulder range of motion is decreased in both flexion and abduction. Her cervical spine examination is notable for both tenderness to palpation and is positive bilaterally to a compression test. Her grip strength as assessed by a Jamar Dynamometer is an average of forty one pounds in the right hand and an average of five pounds with the left hand. She has received oral NSAID therapy in addition to intermittent chiropractic manipulation that provided only temporary relief during her course of care. A prior request for consultation to a Neurologist was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROLOGY CONSULT LEFT SHOULDER, CERVICAL SPINE: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 186.

Decision rationale: The ACOEM Guidelines for significant radiating arm symptoms (persisting greater than four to six weeks) with no obvious nerve root dysfunction should have an EMG. In this particular case, the IW has had these complaints since 2010 with no prior evaluation. The physical exam is notable for signs of cervical radiculopathy (positive compression test) with limited range of motion shoulder movement (C5 innervation) in addition to decreased grip strength (C8, T1 innervation). An EMG is needed to further elucidate the nerve root dysfunction and would be best accomplished by evaluation and consultation of a Neurologist. Therefore the request is medically necessary.