

Case Number:	CM13-0072391		
Date Assigned:	01/08/2014	Date of Injury:	02/17/2009
Decision Date:	04/21/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/30/2013

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 Medicine 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 57 year old female who was injured on 02/17/2009. The patient sustained an injury to his left shoulder on 02/17/2009, when he slipped and injured his left shoulder. Prior treatment history has included left carpal tunnel injection, left shoulder cortisone injections, lumbar epidural steroid injections, and right carpal tunnel release. Medication treatment includes Vicodin, Cymbalta, Neurontin, Trazodone, and Skelaxin. Diagnostic studies reviewed include the following: EMG/NCS BUE performed on 09/12/2012 revealed: 1) An abnormal electrodiagnostic study 2) There is electrodiagnostic evidence for right and left chronic C7 cervical radiculopathy without active denervation. 3) There is electrodiagnostic evidence for right and left chronic moderate distal median nerve neuropathy at the wrist (carpal tunnel syndrome) affecting the sensorimotor fibers without active denervation. MRI of the cervical spine performed on 03/26/2013 revealed: 1) C5-6 marked disc degeneration with 2-4 mm circumferential bulge/osteophyte causing severe left foraminal stenosis with nerve root compression, moderately severe right foraminal stenosis, and moderate central canal stenosis with mild cord compression at C5-6 where focal myelomalacia is evident in the cervical cord 2) C6-7 moderate right and mild left uncovertebral hypertrophy and foraminal narrowing 3) C4-C5 marked right and moderate left uncovertebral hypertrophy and foraminal stenosis 4) C2-3 circumferential 2-3 mm disc bulge causing moderate to marked bilateral foraminal stenosis and borderline central canal stenosis 5) Straightening of the cervical spine with slight kyphosis centered at C5-6 MRI of the lumbar spine performed on 03/26/2013 revealed: 1) L2-3 mild to moderate disc degeneration with 2-3 mm circumferential bulge and osteophyte, greater on the left side where the lateral recess and neural foramen are moderately narrowed 2) L1-2, L3-4 and L4-5 mild disc degeneration, bulging and bilateral foraminal narrowing MRI of the left shoulder performed on 09/23/2013 revealed possible low grade intrasubstance partial tear of the superior

fibers of the subscapularis at the less tuberosity; circumferential labral degeneration/degenerative disruption, most pronounced along the superior and posterior/inferior labrum; focal full thickness chondral fissuring along the anterior inferior glenoid; and moderate to severe arthrosis of the acromioclavicular joint. Orthopedic consultation dated 02/27/2013 revealed on examination of the left shoulder, his range of motion was slightly limited when compared with the right; Elevation is to approximately 150 degrees, both in abduction and in forward flexion, and external rotation was 45 degrees compared with 60 degrees on the opposite side. He had positive impingement sign, a positive cross-body adduction test, and a positive O'Brien's test. His load and shift test was negative. His sulcus sign was negative. Neurological examination today does not demonstrate any significant difference in the light touch in dermatomal distributions in the upper extremity. PR2 dated 11/25/2013 documented the patient to have complaints of neck pain, lower back ache, left shoulder pain and right wrist pain. His pain level had increased since the last visit. The patient was taking his medications as prescribed. He stated that medications were working well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back

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 (ODG), Neck and Upper Back (Acute and Chronic), Electromyography (EMG)

Decision rationale: In this case, this patient was diagnosed with bilateral carpal tunnel syndrome, cervical disc disease and cervical radiculopathy. There is MRI evidence of multilevel disc protrusions at C5-6 through C6-7 as well as multilevel degenerative changes. He had several EMG/NCS in the past and the most recent one was on 09/12/2012 that showed right and left chronic C7 cervical radiculopathy without active denervation and bilateral chronic moderate distal median nerve neuropathy at the wrist (carpal tunnel syndrome) affecting the sensorimotor fibers without active denervation. On physical exam dated 11/18/2013, there is documentation of numbness in right thumb to middle and left thumb to radial ring fingers on light touch, positive Phalen and Tinel signs. There is no documentation of objective findings of cervical radiculopathy. There is no documentation of findings that indicates worsening or progression of condition to warrant a repeat EMG study.

Nerve Conduction Velocity (NCV) Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back

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 (ODG), Neck and Upper Back (Acute and Chronic), Nerve Conduction Studies (NCS)

Decision rationale: In this case, this patient was diagnosed with bilateral carpal tunnel syndrome, cervical disc disease and cervical radiculopathy. He had several EMG/NCS in the past and the most recent one was on 09/12/2012 that showed right and left chronic C7 cervical radiculopathy without active denervation and bilateral chronic moderate distal median nerve neuropathy at the wrist (carpal tunnel syndrome) affecting the sensorimotor fibers without active denervation. On physical exam dated 11/18/2013, there is documentation of numbness in right thumb to middle and left thumb to radial ring fingers on light touch, positive Phalen and Tinel signs. There is no documentation of objective findings of cervical radiculopathy. It was also noted that the bilateral carpal tunnel syndrome remains symptomatic, but the patient has had improvement with post injections. The diagnosis of bilateral carpal tunnel syndrome is already established. There is no documentation of findings that indicates worsening or progression of condition to warrant a repeat NCS study.

Electromyography (EMG) Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back

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 (ODG), Neck and Upper Back (Acute and Chronic), Electromyography (EMG)

Decision rationale: In this case, this patient was diagnosed with bilateral carpal tunnel syndrome, cervical disc disease and cervical radiculopathy. There is MRI evidence of multilevel disc protrusions at C5-6 through C6-7 as well as multilevel degenerative changes. He had several EMG/NCS in the past and the most recent one was on 09/12/2012 that showed right and left chronic C7 cervical radiculopathy without active denervation and bilateral chronic moderate distal median nerve neuropathy at the wrist (carpal tunnel syndrome) affecting the sensorimotor fibers without active denervation. On physical exam dated 11/18/2013, there is documentation of numbness in right thumb to middle and left thumb to radial ring fingers on light touch, positive Phalen and Tinel signs. There is no documentation of objective findings of cervical radiculopathy. There is no documentation of findings that indicates worsening or progression of condition to warrant a repeat EMG study.

NCV Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back

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 (ODG), Neck and Upper Back (Acute and Chronic), Nerve Conduction Studies (NCS)

Decision rationale: In this case, this patient was diagnosed with bilateral carpal tunnel syndrome, cervical disc disease and cervical radiculopathy. He had several EMG/NCS in the past and the most recent one was on 09/12/2012 that showed right and left chronic C7 cervical radiculopathy without active denervation and bilateral chronic moderate distal median nerve neuropathy at the wrist (carpal tunnel syndrome) affecting the sensorimotor fibers without active denervation. On physical exam dated 11/18/2013, there is documentation of numbness in right thumb to middle and left thumb to radial ring fingers on light touch, positive Phalen and Tinel signs. There is no documentation of objective findings of cervical radiculopathy. It was also noted that the bilateral carpal tunnel syndrome remains symptomatic, but the patient has had improvement with post injections. The diagnosis of bilateral carpal tunnel syndrome is already established. There is no documentation of findings that indicates worsening or progression of condition to warrant a repeat NCS study.