MAXIMUS Federal Services

Case Number:	CM14-0108261		
Date Assigned:	08/01/2014	Date of Injury:	10/19/2002
Decision Date:	10/07/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/11/2014

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 Nevada. 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 records, presented for review, indicate that this 43-year-old female was reportedly injured on October 19, 2002. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 4, 2014, indicated that there are ongoing complaints of right shoulder pain with popping and clicking. The physical examination demonstrated tenderness at the anterior aspect of the right shoulder. Diagnostic imaging studies were not reviewed during this visit. Previous treatment was not stated. A request had been made for an EMG and NCV study of the bilateral upper extremities, an MRI of the right shoulder with contrast, and Biofreeze and was not certified in the pre-authorization process on June 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): electronically cited.

Decision rationale: The ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in

patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. The most recent progress note, dated June 4, 2014, does not indicate any radicular findings on physical examination. As such, this request for EMG studies of the bilateral upper extremities is not medically necessary.

Nerve Conduction Study (NCS) bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): electronically cited.

Decision rationale: The ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. The most recent progress note, dated June 4, 2014, did not indicate any radicular findings on physical examination. As such, this request for NCV studies of the bilateral upper extremities is not medically necessary.

Magnetic Resonance Imaging (MRI) of the right shoulder with contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder, Arthography, Updated August 27, 2014.

Decision rationale: According to the Official Disability Guidelines, indications for an MR arthrogram of the shoulder include suspicion of rotator cuff tears, which may be subtle or partial. The progress note, dated June 4, 2014, did not indicate a suspicion or include any physical examination findings of a rotator cuff tear or other tear. As such, this request for an MRI of the right shoulder with contrast is not medically necessary.

Biofreeze 4 oz.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment,Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Biofreeze topical analgesic compound is consisting of camphor and menthol. According to the California Chronic Pain Medical Treatment Guidelines, the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and

capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary, the entire product is not medically necessary. Considering this, the request for Biofreeze is not medically necessary.