

Case Number:	CM14-0015752		
Date Assigned:	03/03/2014	Date of Injury:	07/06/2010
Decision Date:	08/07/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/07/2014

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 Occupational 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 58-year-old female who has submitted a claim for cervical strain; right shoulder impingement syndrome s/p right shoulder arthroscopy on January 16, 2012; right thumb sprain; right carpal tunnel syndrome; and right cubital tunnel syndrome associated with an industrial injury date of July 6, 2010. Medical records from 2013 were reviewed. The patient complained of bilateral shoulder pain. The pain was associated with numbness, tingling, and weakness into the bilateral trapezius and rhomboid and occasionally into the upper extremities. There was also neck pain with stiffness and popping sensation. Physical examination of the cervical spine showed no tenderness or spasm bilaterally. Range of motion was normal. There was no evidence of radiating pain to the upper extremities on cervical motion. Spurling test was positive in the bilateral cervical spine. Motor strength and sensation of the upper extremities was intact. Both shoulders were non-tender and there was no evidence of shoulder impingement. Tinel's sign was positive. MRI of the cervical spine, dated January 30, 2013, revealed degenerative changes of the cervical spine with evidence of spinal stenosis, and neural foraminal stenosis on C2-C3, C3-C4, C4-C5, C6-C7, and C7-T1. The MRI of the right shoulder (undated) demonstrated rotator cuff tendonitis and partial thickness supraspinatus rotator cuff tear. EMG of bilateral upper extremities dated October 10, 2013 showed right ulnar neuropathy across the elbow (cubital tunnel). Official reports of the imaging studies were not available. Treatment to date has included medications, physical therapy, acupuncture, chiropractic care, home exercise program, activity modification, right shoulder cortisone injection, and right shoulder arthroscopy. Utilization review (undated) denied the requests for MRI of the cervical spine, MRI of the right shoulder, and EMG/NCV bilateral upper extremities. Reasons for denial were not made available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter, MRI.

Decision rationale: As stated on pages 179-180 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by California MTUS, imaging of the cervical spine is indicated for the following: patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the cervical spine for chronic neck pain after 3 months conservative treatment. In this case, the patient complained of stiffness and popping in her neck. MRI of the cervical spine done on January 30, 2013 revealed degenerative changes of the cervical spine with evidence of spinal stenosis, and neural foraminal stenosis on C2-C3, C3-C4, C4-C5, C6-C7, and C7-T1. However, there is no documentation of new injury or trauma to the spine. There is no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing MRI. Recent progress report dated October 24, 2013 showed no neck complaints and normal physical examination findings except for positive Spurling test bilaterally. Also, there is no documentation of treatment and failure of conservative therapy for 3 months. There is no clear indication for another cervical spine MRI to be requested. Therefore, the request for MRI of the cervical spine is not medically necessary.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation ODG, Shoulder, MRI.

Decision rationale: As stated on pages 208, 209 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by California MTUS, criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, Official Disability Guidelines states that the criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. In this case, the patient has bilateral shoulder pain, numbness, tingling and weakness into the bilateral trapezius and rhomboid and occasionally into the upper extremities. MRI of the right shoulder (undated) demonstrated rotator cuff tendonitis and partial

thickness supraspinatus rotator cuff tear. She also has a positive impingement on the right. Both shoulders were non-tender and there was no evidence of shoulder impingement. It is unclear why a repeat MRI is necessary at present since there were no exacerbation of symptoms or worsening of objective findings. The medical necessity for a repeat MRI was not established. Therefore, the request for MRI of the right shoulder is not medically necessary.

EMG (Electromyography) For Bilateral Upper Extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 8, Neck and Upper Back Complaints, pg. 537.

Decision rationale: The California MTUS ACOEM Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, patient has been complaining of neck and shoulder pain with numbness, tingling, and weakness into the bilateral trapezius and rhomboid and occasionally into the upper extremities. Previous EMG of bilateral upper extremities dated October 10, 2013 showed right ulnar neuropathy across the elbow (cubital tunnel). However, recent progress report dated October 24, 2013 stated that there was no evidence of radiating pain to the upper extremities on cervical motion. Physical examination only showed positive Tinel's sign bilaterally. There is no compelling indication for a repeat EMG at this time. Therefore, the request for EMG (Electromyography) For Bilateral Upper Extremities is not medically necessary.