

Case Number:	CM14-0118641		
Date Assigned:	08/06/2014	Date of Injury:	05/08/2013
Decision Date:	10/02/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/28/2014

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 and 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 injured worker is a 63-year-old male who reported an injury on 05/08/2013, while lifting a resident off the floor when he heard a popping sound that came from his left arm. The injured worker complained of neck and shoulder pain. The injured worker had a diagnosis of cervical strain, left shoulder impingement syndrome, and left possible bicep tendon tear. The injured worker has received 4 courses of physical therapy that did not help. The MRI of the left shoulder revealed a rupture of the tendon of the long head biceps with retraction of the tendon in small hematoma formation. The objective findings dated 04/22/2014 to the cervical spine revealed tenderness and spasms over the paravertebral muscles with restricted range of motion to all planes. The physical findings of the left shoulder revealed deformity of the bicep tendon and tendon atrophy, anterior shoulder was tender to palpation, limited range of motion of forward flexion and adduction, and a positive impingement sign. The medications were not available for review and no VAS scale provided. The treatment plan was for MRI of the cervical spine, electromyogram, nerve conduction study for the upper extremities, and surgery for the left bicep. The Request for Authorization dated 08/06/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) study of the right upper extrmity: Upheld

Claims Administrator 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), Treatment in Workers Compensation (TWC): Neck and Upper Back procedure Summary last updated 04/14/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The request for EMG (Electromyography) study of the right upper extremity is not medically necessary. The California MTUS/ACOEM indicates that for most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out such as, emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems). Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon). Failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment. The clinical notes indicated that the injured worker had had physical therapy; however, the physical therapy notes were not provided. The injured worker is taking a pain medication; however, no medications or measurable arm function was provided. As such, the request is not medically necessary.

NCV (Nerve Conduction Velocity) study of the left upper extremity: Upheld

Claims Administrator 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), Treatment in Workers Compensation (TWC): Neck and Upper Back procedure Summary last updated 04/14/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The request for NCV (Nerve Conduction Velocity) study of the left upper extremity is not medically necessary. The California MTUS/ACEOM indicate that or most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out such as, emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems). Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon) .Failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment. The clinical notes indicated that the injured worker had had physical therapy; however, the physical therapy notes were not provided. The injured worker is taking a pain medication; however, no medications or measurable arm function was provided. As such, the request is not medically necessary.

NCV (Nerve Conduction Velocity) study of the right upper extremity: Upheld

Claims Administrator 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), Treatment in Workers Compensation (TWC): Neck and Upper Back procedure Summary last updated 04/14/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The request for NCV (Nerve Conduction Velocity) study of the left upper extremity is not medically necessary. The California MTUS/ACEOM indicate that or most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out such as, emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems). Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon) .Failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment. The clinical notes indicated that the injured worker had had physical therapy; however, the physical therapy notes were not provided. The injured worker is taking a pain medication; however, no medications or measurable arm function was provided. As such, the request is not medically necessary.

NCV (Nerve Conduction Velocity) study of the left shoulder: Upheld

Claims Administrator 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), Treatment in Workers Compensation (TWC): Neck and Upper Back procedure Summary last updated 04/14/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The request for NCV (Nerve Conduction Velocity) study of the left upper extremity is not medically necessary. The California MTUS/ACEOM indicate that or most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out such as, emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems). Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon) .Failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment. The reported injury was of the upper left arm. The

clinical notes indicated that the injured worker had had physical therapy; however, the physical therapy notes were not provided. The injured worker is taking a pain medication; however, no medications or measurable arm function was provided. As such, the request is not medically necessary.

NCV (Nerve Conduction Velocity) study of the neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC): Neck and Upper Back procedure Summary last updated 04/14/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for NCV (Nerve Conduction Velocity) study of the neck is not medically necessary. The California MTUS/ACEOM indicate that for most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out such as, Emergence of a red flag Physiologic evidence of tissue insult or neurologic dysfunction. Failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedures. The clinical notes indicated that the injured worker had had physical therapy; however, the physical therapy notes were not provided. The injured worker is taking pain medication; however, no medications or measurable arm function was provided. As such, the request is not medically necessary.