MAXIMUS Federal Services

Case Number:	CM14-0134066		
Date Assigned:	09/25/2014	Date of Injury:	08/13/2013
Decision Date:	11/05/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/18/2014

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 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 25-year-old female who reported injury on 08/13/2013. The mechanism of injury was the injured worker was pushing a foot locker. Prior treatments included 10 sessions of physical therapy and medications. The surgical history was not provided. The diagnostic studies included an MRI of the right shoulder on 10/31/2013 revealing mild acromioclavicular degenerative changes. The injured worker underwent a right upper extremity EMG/NCV on 12/19/2013 which revealed a normal study with no radiculopathy and no carpal tunnel syndrome. The injured worker underwent an MRI that was noted to be consistent with carpal tunnel syndrome on 12/06/2013. The documentation of 01/17/2014 revealed the injured worker had 5/5 muscle strength of the elbow flexors, extensors, pronators, and supinators. The injured worker had full active and passive range of motion of the elbow flexors and extensors, including pronation and supination. The diagnosis was elbow pain. The injured worker's medications included Lyrica 75 mg 1 capsule twice a day, Savella 50 mg 1 twice a day, OxyContin 10 mg 1 at bedtime, Valium 10 mg 1 twice a day #40 and 1 at bedtime #20, and Norco 5/325 mg 1 every 6 hours as needed for severe pain. The subjective complaints revealed the injured worker had limited movement in her right shoulder. The gripping was limited in the right hand. The injured worker had difficulty clothing herself especially putting on a bra. The injured worker had a complaint of right wrist pain with a shocking sensation. The documentation indicated on 06/06/2014 had right wrist/hand pain and tenderness with midline thumb level above the wrist tender to palpation. The right shoulder had AC joint tenderness, full range of motion, but the movement was slow and cautious. The injured worker had right neck and right scapula tenderness. On the visit of 06/23/2014 the injured worker was tearful and the right shoulder was tender and guarded. The injured worker had tenderness to the right acromioclavicular, clavicle and scapula. The right wrist Tinel was equivocal and the right wrist

range of motion was near full. The diagnoses included right wrist sprain and strain, right elbow/forearm sprain and strain, and right shoulder sprain and strain. The discussion included the injured worker had subjective and objective complaints and findings that had increased in the 4 visits from 06/06/2014 through 06/23/2014. The physician indicated the injured worker had neuropathic pain component. The physician opined there was a concern for right labral structure injury and chronic regional pain syndrome. As such, the request was made for a repeat EMG/NVC of the right upper extremity and a repeat MRI of the right shoulder, as well as an MRI of the cervical spine, followed by an orthopedic consultation. There was no Request for Authorization submitted to support the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

RUE EMG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The American College of Occupational and Environmental Medicine states that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The clinical documentation submitted for review failed to provide documentation of radicular type findings. There was a lack of documentation indicating myotomal or dermatomal findings to support the necessity for an EMG. The injured worker had a prior EMG/NCV that was within normal limits. There was a lack of documentation indicating the injured worker had a significant change in signs or symptoms to support the necessity for a repeat EMG/NCV. Given the above, the request for right upper EMG is not medically necessary.

RUE NCV: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The American College of Occupational and Environmental Medicine states that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The clinical documentation submitted for review failed to provide documentation of radicular type findings. The injured worker had an equivocal Tinel's sign. The injured worker had a prior EMG/NCV that was within normal limits. There

was a lack of documentation indicating the injured worker had a significant change in signs or symptoms to support the necessity for a repeat EMG/NCV. Given the above, the request for right upper NCV is not medically necessary

Repeat right shoulder MRI: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter

Decision rationale: The Official Disability Guidelines indicate a repeat MRI is appropriate when there is a significant change in symptoms or findings suggestive of a significant pathology. The clinical documentation submitted for review failed to provide documentation of objective findings to support the necessity for a repeat MRI. Given the above, the request for repeat right shoulder MRI is not medically necessary. Additionally there was a lack of documentation of a significant change in symptoms or findings suggestive of a significant pathology therefore, this request is not medically necessary.