

<b>Case Number:</b>	CM14-0150629		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/30/2014
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 36 year old female with a date of injury of 4/30/14 at which time she complained of shoulder and wrist pain. This pain started when the injured worker was performing her job as an operator for a billing department, which required repetitive upper extremity motion. Per documentation dated 9/3/14, the injured worker underwent physical therapy. A physical examination showed restricted range of motion of the cervical spine and restricted left glenohumeral range of motion with positive impingement testing. Grip strength was good and Phalen's test was positive. Diagnoses included left shoulder rotator cuff tear/impingement, carpal tunnel syndrome and left upper extremity radiculopathy. Recommendations included electrodiagnostic testing and magnetic resonance imaging (MRI) of the shoulder. There was also recommendation for continued physical therapy. The treating physician's note dated 7/24/14 indicated that the injured worker had full range of motion of the cervical spine and shoulder range of motion was 145 degrees with anterior and lateral motion and she could touch her spine with her hand. The injured worker was complaining of numbness and tingling in the hands but Phalen's test was negative. Plan was for continued physical therapy and magnetic resonance imaging (MRI) of the shoulder. A radiograph of the left shoulder performed on 6/7/14 was a limited study and showed no gross abnormality. The injured worker was initially evaluated by physical therapy on 5/14/14 for shoulder impingement and shoulder pain. She received ergonomic evaluation/recommendations and physical therapy for the shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of left shoulder:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195.

**Decision rationale:** The injured worker has continued left shoulder pain with progressive loss of range of motion of the glenohumeral joint as per documentation dated 7/24/14 and 9/3/14. There was also positive impingement testing on physical examination. She also has continued pain despite conservative measures, including medication and physical therapy for the shoulder, and has undergone radiographic imaging. Diagnoses include left shoulder rotator cuff tear/impingement. Therefore, the requested magnetic resonance imaging (MRI) of the left shoulder is indicated and medically necessary. The previous denial was based on the fact that the patient had not trialed conservative treatment and undergone imaging with radiographs. Recent documentation indicates that the patient has had radiographic imaging of the left shoulder as well as failed conservative treatment with physical therapy.

**Electromyography (EMG) of left upper extremity:** 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): 165.

**Decision rationale:** The injured worker has intermittent symptoms of numbness in tingling in the upper limbs but there is limited clinical history or other physical examination findings indicating a diagnosis of cervical radiculopathy. Therefore, the requested electromyography (EMG) is not medically necessary.

**Nerve Conduction Test (NCT):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253.

**Decision rationale:** The injured worker has intermittent symptoms of numbness and tingling in the upper limbs and what appears to be a positive Phalen's test. However, there is limited clinical history or other physical examination findings indicating a diagnosis of carpal tunnel syndrome. Therefore, the requested nerve conduction studies are not medically necessary.