

Case Number:	CM14-0154920		
Date Assigned:	09/24/2014	Date of Injury:	02/19/2013
Decision Date:	11/20/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/22/2014

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 Family Practice, has a subspecialty in Preventative 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:

53 yr. old male claimant sustained a work injury on 2/19/13 involving the left shoulder and left knee. He was diagnosed with rotator cuff rupture and contusion of the knee. An MRI of the left shoulder in June 2014 showed rotator cuff tendonosis, full thickness tear of the supraspinatus, slap lesion and a small joint effusion. He had attended physical therapy. He underwent arthroscopic surgery of the left shoulder in August 2014. A progress note on 8/26/14 indicated the claimant had left shoulder pain with numbness in the left hand. Exam findings were notable for tenderness in the left deltoid, decreased strength in the left shoulder abductors with impingement findings. There was decreased range of motion in the left knee and tenderness of the medial aspect. The physician requested an EMG/NCV of both upper extremities to evaluate for left cervical radiculopathy. Naproxen 550 mg was given BID for pain along with Omeprazole for stomach prophylaxis, Neurontin, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg one tablet by mouth twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67.

Decision rationale: According to the MTUS guidelines, NSAIDs such as Naproxen are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. In this case, the claimant had been on a muscle relaxant and there was no indication of Tylenol failure. In addition, the Naproxen required a proton pump inhibitor for gastrointestinal protection. Other 1st line agents can be used with a safer side effect profile. The continued use of Naproxen is not medically necessary.

EMG (Electromyography) BUE (bilateral upper extremities): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the MTUS guidelines, an EMG is not recommended for diagnoses of nerve root problem when history and exam findings are consistent. In this case, the claimant had a known history of shoulder injury. There were no compression findings of the cervical exam noted that reproduced neurological findings. In addition, the claimant had left sided symptoms, a bilateral upper extremity Electromyography (EMG). The request is not medically necessary.

NCS (nerve conduction study) BUE (bilateral upper extremities): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Pain

Decision rationale: According to the guidelines, an Nerve Conduction Velocity (NCV) is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by Electromyography (EMG) and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In this case, the claimant had a known history of shoulder injury. He did not require an EMG as noted above. There were no compression findings of the cervical exam noted that reproduced neurological findings. In addition, the claimant had left sided symptoms, a bilateral upper extremity NCV request is not medically necessary.