

<b>Case Number:</b>	CM14-0155336		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	08/18/2011
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 69-year-old female who reported an injury on 08/18/2011. The mechanism of injury and prior therapies were not provided. The injured worker's medications included Celebrex 200 mg daily, Amlodipine 5 mg daily, Lisinopril 20 mg, and Omeprazole 20 mg. The injured worker's surgical history included left shoulder and wrist surgery, and right ankle surgery, as well as other noncontributory surgeries. The mechanism of injury was the injured worker was lifting a bed at work. The documentation of 04/23/2014 revealed the injured worker underwent a left shoulder arthroscopy with subacromial decompression, excision of distal clavicle, debridement of a partial thickness rotator cuff tear, biceps tenodesis, labral debridement, and left endoscopic carpal tunnel release on 03/16/2012. The injured worker's pain and numbness were slightly improved after surgery. The injured worker was treated for cervical arthrosis with a C5-6 radiculopathy. The subjective complaints revealed the injured worker had persistent pain in her left neck and shoulder, radiating into the arm with numbness in the left thumb. The injured worker noted pain and weakness in the left hand. The injured worker denied symptoms in the right upper extremity. Grip strength was noted to be 35/30/35 pounds on the right and 18/15/10 pounds on the left. The physical examination revealed the injured worker had slight stiffness in the left shoulder with pain at the extremes of motion. There was slight decreased range of motion at the cervical spine with pain. There was a slight trapezius and paracervical tenderness on the left. There was slight AC tenderness on the left. The Spurling's test was equivocal on the left. The impingement sign was equivalent on the left shoulder. There was slight thumb carpal metacarpal tenderness on the left. The Tinel's sign was negative and the Phalen's test was equivocal on the left. X-rays of the left wrist and thumb revealed slight carpal metacarpal arthrosis. X-rays of the left shoulder revealed a resection of the distal clavicle with a type 2 acromion. The diagnoses included cervical arthrosis and radiculopathy, and trapezial and

paracervical strain. The treatment plan included an updated EMG and nerve conduction studies to evaluate for a double crush type phenomenon and an MRI of the cervical spine to rule out underlying cervical pathology contributing to increased symptoms. Additionally, the injured worker should be referred to a cervical spine specialist for the evaluation of her neck and should continue with nonsteroidal anti-inflammatories. The medications dispensed included Voltaren 100 mg to be taken with food daily and Methoderm #120, as well as a left thumb Spica splint. There was no Request for Authorization submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Upper extremity EMG/NCS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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 indicate the injured worker had conservative care specifically directed at her cervical spine to support the necessity for an electromyography and nerve conduction velocity. Additionally, the documentation indicated the injured worker had equivocal objective findings on the left upper extremity. The rationale for an updated study was to evaluate for double crush type phenomenon. The prior study was not provided for review. The request as submitted for the nerve conduction study and EMG failed to indicate the laterality, or whether it was for bilateral studies. There was a lack of documentation indicating a necessity for bilateral studies. Therefore, this request is not medically necessary.

**MRI cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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 indicate that for most injured workers presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies include physiologic evidence of tissue insult or neurologic dysfunction, and a failure to progress in a strengthening program intended to avoid surgery. The clinical documentation submitted for review indicated the injured worker had an equivocal Spurling's test. There was a lack of documentation of specific

myotomal and dermatomal findings to support the necessity for an MRI of the cervical spine. Therefore, this request is not medically necessary.