

Case Number:	CM14-0172605		
Date Assigned:	10/23/2014	Date of Injury:	09/15/2011
Decision Date:	11/25/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/20/2014

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 New York. 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 42-year-old female with a reported injury on 09/15/2011. The mechanism of injury was not provided. Her diagnoses included myofascial pain, cervical radiculitis, and cervical spondylosis with myelopathy, median neuropathy, and mild carpal tunnel syndrome on the left. The injured worker's past treatments were noted to include Vicodin, non-steroidal anti-inflammatory drugs, and cervical epidural steroid injections. The injured worker's diagnostic testing included an EMG of the right upper extremity on 08/30/2012, which showed carpal tunnel syndrome and an EMG of the left upper extremity on 06/20/2012, which showed carpal tunnel syndrome as well as a cervical spine x-ray on 09/19/2013, which revealed mild disc space narrowing at C2-3 and C6-7 interspace levels without otherwise acute plain film bony abnormality of the cervical spine. The injured worker had an MRI of the cervical spine on 09/24/2013 which showed disc protrusions at C4-5 and C5-6. She had an MRI arthrogram on 10/03/2014 which showed postoperative changes related to superior labral tear/repair surgery, with a new suture anchor in the superior glenoid. There was a tear of the posterior glenoid labrum, which may have also been present on the previous examination; however, there was a new 8 mm paralabral cyst adjacent to the posterior labrum suggesting new tear versus retear. Mild supraspinatus and infraspinatus tendinosis without a full thickness rotator cuff tear. Persistent mild acromioclavicular arthrosis, with inferior osteophyte formation, with mild effacement of the supraspinatus myotendinous junction. There was persistent severe atrophy and fatty infiltration of the teres minor muscle, which could be seen in the clinical setting of quadrilateral space syndrome. The injured worker's surgical history included a right wrist surgery for de Quervain's tendinitis. She also had a right shoulder arthroscopy on 03/22/2012 to repair a labral tear and an acromioclavicular cartilage disorder was noted. The injured worker was evaluated on 09/29/2014, where the clinician's focused examination of the right shoulder

revealed several well healed surgical scars with active range of motion measured at 140 degrees of flexion, 45 degrees of extension, 140 degrees of abduction, 35 degrees of adduction, 80 degrees of internal rotation, and 45 degrees of external rotation. She was able to reach approximately 140 degrees in passive abduction as well as 150 degrees in passive flexion. A focused examination of the wrist revealed bilateral active wrist range of motion as dorsal flexion to 50 degrees, palmar flexion to 50 degrees, radial deviation to 20 degrees, and ulnar deviation to 20 degrees. Tinel and Phalen's signs were positive over the right wrist and mildly positive over the left wrist. The injured worker experienced numbness and tingling in the 2nd, 3rd, and 4th digits bilaterally. She had a mildly positive Finkelstein's test. There was a 1 inch scar present over the lateral aspect of the right wrist from a previous surgical incision. The clinician reported that the injured worker's medications were being prescribed by pain management. The injured worker was evaluated on 10/16/2014 for complaints of neck and shoulder pain. The clinician reviewed the most updated MRI scan and noted that it did show mild to moderate stenosis to C4-5 and C5-6. The clinician's treatment plan was to have a second opinion regarding the right shoulder, hold off on surgery to the neck, and have rheumatology consult for low back pain in the tailbone area. The clinical notes indicate that the injured worker preferred not to take any medications for her pain. The submitted request was for an MRI arthrogram of the right shoulder and EMG/NCS of the bilateral upper extremities. No rationale was provided for these requests. The Request for Authorization form was submitted on 10/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI arthrogram of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: The request for Magnetic resonance imaging (MRI) arthrogram of the right shoulder is not medically necessary. The injured worker complained of pain and numbness to the right upper extremity. She rated her right shoulder pain as 9/10. The California MTUS/ACOEM Guidelines state that arthrography is optional for preoperative evaluation of small full thickness tears. The clinical documentation provided for review did not indicate an upcoming surgical procedure. There was also no indication about how the results of an MRI arthrogram would affect the injured worker's treatment plan. The injured worker did have an MRI arthrogram on 10/03/2014 and the request is not for a retrospective coverage. A repeat MRI arthrogram of the right shoulder is not supported. Therefore, the request for MRI arthrogram of the right shoulder is not medically necessary.

EMG/NCS of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), Electrodiagnostic studies (EDS).

Decision rationale: The request for EMG/NCS of the bilateral upper extremities is not medically necessary. The injured worker has had electrodiagnostic studies of the bilateral upper extremities on 06/20/2012 and 08/30/2012 with the results of carpal tunnel syndrome. The California MTUS/ACOEM Guidelines recommend nerve conduction velocity studies for median nerve impingement at the wrist after failure of conservative treatment. The Official Disability Guidelines recommend electrodiagnostic studies in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities, but the addition of electromyography is not generally necessary. The guidelines go on to state that electrodiagnostic testing would not be warranted if its sole purpose were to confirm the diagnosis of carpal tunnel syndrome. As the injured worker has had a confirmed diagnosis of carpal tunnel syndrome with electrodiagnostic studies in 2012, further electrodiagnostic studies are not recommended. Therefore, the request for EMG/NCS of the bilateral upper extremities is not medically necessary.