

Case Number:	CM14-0022954		
Date Assigned:	06/11/2014	Date of Injury:	08/02/2013
Decision Date:	07/21/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/24/2014

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 Nevada. 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 59-year-old female who was reportedly injured on 8/2/2013. The mechanism of injury was noted as work related fall. The most recent progress note dated 1/30/2014, indicated that there were ongoing complaints of neck pain, right shoulder pain, right elbow and wrist pains. The physical examination demonstrated cervical active range of motion, extension and right sided rotation was mildly restricted with right sided neck pain. Remainder of cervical motions were full and painless. Right shoulder motions were full but painful at 100 degrees abduction and greater than 120 forward flexion, with internal rotation to sacrum and extra rotation to 70. Right elbow and wrist motions were full and painless. Resisted motion with pain with right shoulder abduction and external rotation. Pain with right medial elbow/ulnar forearm, greater than right dorsal forearm with grip. Palpation positive tenderness right cervical, paravertebral muscles/lateral masses but more so on right upper trapezius muscle and right shoulder girdle especially lateral acromion. Tender right medial epicondyle and right ulnar/dorsal forearm. Neurological light touch was intact to bilateral upper extremities. Muscle strength bilateral upper extremities 5/5. DTRs 2+ bilateral biceps, triceps and brachioradialis. Negative Hoffmans bilateral. Radial pulses 2+ bilateral. Right sided Spurling's test resulted in increase of right sided neck pain. Right shoulder positive Hawkins. Bilateral elbow and wrist Tinel's sign negative. Diagnostic imaging included right shoulder x-rays, dated 9/20/13, per physician reading, which was are some sclerosis on the radial tuberosity. Cervical spine x-rays on the same date revealed cervical vertebral body heights in alignment and were normal. Disc height was normal at all cervical levels. Posterior and lateral vertebral elements were intact. Oblique film showed that the neural foramina was widely patent at all cervical levels bilaterally. Mild C4-C5 neural foraminal narrowing. There was mention of a cervical spine & right shoulder magnetic resonance image but the radiological study was not submitted for review to date. Previous

treatment included physical therapy, intra-articular joint injection of the right shoulder, medications to include Etodolac, ES Tylenol. A request had been made for nerve conduction studies and an electromyogram of the right upper extremity and was not certified in the pre-authorization process on 2/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS RIGHT UPPER EXTREMITY 95904: 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): 178.

Decision rationale: After careful review of this 59-year-old female with ongoing neck and right sided upper extremity upper extremity pain, and given the lack of documentation of objective findings in the neurological exam or mention of positive signs and symptoms consistent with radiculopathy and/or neuropathy, this request is not medically necessary.

EMG RIGHT UPPER EXTREMITY 95860: 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): 178.

Decision rationale: After careful review of this 59 year-old female with ongoing neck and right sided upper extremity upper extremity pain, I am unable to authorize this study, and given the lack of documentation of objective findings in the neurological exam or mention of positive signs and symptoms consistent with radiculopathy and/or neuropathy, this request is not medically necessary.