

Case Number:	CM14-0023052		
Date Assigned:	05/14/2014	Date of Injury:	02/19/2009
Decision Date:	07/10/2014	UR Denial Date:	02/12/2014
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 & Rehabilitation and Pain Management has a subspecialty in Interventional Spine 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 patient is a 50 year-old male who was injured on 2/19/09 when he fell while carrying a dishwasher. He has been diagnosed with muscle atrophy of the upper extremity; pain in joint, upper arm; disturbance of skin sensation; chronic pain syndrome; myofascial pain; shoulder pain and lateral epicondylitis. According to the 2/6/14 psychiatry report from [REDACTED], the patient presents with left shoulder and upper extremity pain. He has left shoulder pain and nerve pain into the left hand. On 2/11/14, UR denied the electrodiagnostic studies stating the patient had these performed on 8/5/2011; and denied the orthopedic consultation because the patient had surgery in 2009, and there was no evidence of failed conservative care or identification of a surgical lesion.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE BILATERAL UPPER EXTREMITIES (BUE): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 11, 178, 260-262.

Decision rationale: The patient presents left shoulder and upper extremity pain from a 2/19/09 injury. He is reported to have 4/5 weakness in the left hand grip, cervical spine decreased motion and tenderness with MRI (10/7/13) showing extruded fragment of C6/7 nearly to the C5/6 level. There was compromise of the left neural foramina C4/5 to C6/7. His diagnoses include muscle atrophy and disturbance of skin sensation. I have been asked to review for an EMG study of the upper extremities. MTUS/ACOEM states: "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" According to the 2/11/14 UR letter, the patient had prior electrodiagnostic studies on 8/5/2011 that showed bilateral Carpal Tunnel Syndrome (CTS). The left shoulder Mumford, SLAP (Superior Labral Anterior-Posterior) repair and Rotator Cuff (RC) repair was on 11/20/09. Shoulder MRI from 3/21/13 did not show re-tear. The patient has persistent neck and left upper extremity pain, weakness and muscle atrophy. He has not had electrodiagnostic testing since the 10/7/13 cervical MRI that showed the C6/7 disc extrusion measuring 4-mm AP (Anteroposterior) and 13 mm superior to inferior resulting in cord compression and left foraminal narrowing. The EMG/NCV to evaluate radiculopathy or peripheral neuropathy is in accordance with MTUS/ACOEM guidelines. Therefore, the request for electromyography (EMG) of the bilateral upper extremities (BUE) is medically necessary and appropriate.

NCV OF THE BILATERAL UPPER EXTREMITIES (BUE): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 11, 178, 260-262.

Decision rationale: The patient presents left shoulder and upper extremity pain from a 2/19/09 injury. He is reported to have 4/5 weakness in the left hand grip, cervical spine decreased motion and tenderness with MRI (10/7/13) showing extruded fragment of C6/7 nearly to the C5/6 level. There was compromise of the left neural foramina C4/5 to C6/7. His diagnoses include muscle atrophy and disturbance of skin sensation. I have been asked to review for an EMG study of the upper extremities. MTUS/ACOEM states: "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" According to the 2/11/14 UR letter, the patient had prior electrodiagnostic studies on 8/5/2011 that showed bilateral Carpal Tunnel Syndrome (CTS). The left shoulder Mumford, SLAP (Superior Labral Anterior-Posterior) repair and Rotator Cuff (RC) repair was on 11/20/09. Shoulder MRI from 3/21/13 did not show re-tear. The patient has persistent neck and left upper extremity pain, weakness and muscle atrophy. He has not had electrodiagnostic testing since the 10/7/13 cervical MRI that showed the C6/7 disc extrusion measuring 4-mm AP (Anteroposterior) and 13 mm superior to inferior resulting in cord compression and left foraminal narrowing. The EMG/NCV to evaluate radiculopathy or peripheral neuropathy is in accordance with MTUS/ACOEM guidelines. Therefore, the request for Nerve Conduction Velocity (NCV) of the bilateral upper extremities (BUE) is medically necessary and appropriate.

ONE ORTHOPEDIC CONSULTATION FOR A 2ND OPINION REGARDING THE LEFT SHOULDER: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 211.

Decision rationale: The patient presents left shoulder and upper extremity pain from a 2/19/09 injury. He underwent left shoulder arthroscopy with [REDACTED] on 11/20/09 which included acromioplasty, Mumford, SLAP repair and rotator cuff repair. The patient did not have improvement with the surgery and saw [REDACTED] on 10/9/13. [REDACTED] noted positive impingement signs on exam but states the MRI did not show re-tear. [REDACTED] told him that he had nothing more to offer. The treating physician, [REDACTED] requested a 2nd orthopedic opinion. UR denied this stating there was no surgical lesion. However, ACOEM states surgery is an option for impingement syndrome. [REDACTED] identified impingement syndrome on his last evaluation. The patient meets the MTUS/ACOEM criteria for consultation, with failure to increase (Range Of Motion) ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion. Therefore, the request for orthopedic consultation for a 2nd opinion regarding the left shoulder is medically necessary and appropriate.