

Case Number:	CM14-0029445		
Date Assigned:	06/20/2014	Date of Injury:	04/06/2011
Decision Date:	07/24/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/07/2014

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 Texas. 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 49-year-old female who was injured on 4/6/2011. She injured her left shoulder pulling heavy boxes. A prior UR decision was provided on 2/25/2014, which denied the request for neurology consultation treatment including EMG/NCS of bilateral upper extremities. Reviewer noted the patient had a normal motor and sensory examination as well as a normal electrodiagnostic studies performed two years prior, and there had been no significant change in symptoms or physical exam. A prior UR decision was provided on 3/7/2014, which denied the appeal request for neurology consultation treatment including EMG/NCS of bilateral upper extremities. The review noted again that the patient has a normal motor and sensory exam, normal electrodiagnostic studies performed two years ago, without any significant change in symptoms or physical examination. There are no subjective or objective symptoms to suggest radiculopathy. Patient underwent a neurological consultation on 1/18/2012. The Nerve conduction testing for the left upper extremity, with no suggestion of plexopathy entrapment neuropathy. Electromyography examination revealed no suggestion of cervical radiculopathy, brachial plexopathy, or other peripheral nerve entrapment. Diagnosis: 1. Left shoulder rotator cuff tear. 2. No evidence of cervical radiculopathy. According to the PR-2 dated 3/13/2014, the patient follows up for continued chief complaint of left shoulder pain, rated 10-10/10, neck pain with bilateral trapezius pain, left upper extremity pain, numbness and paresthesia to left hand to 2, 3 digits. She also complains of right shoulder pain, she is status post arthroscopy in 2009. Physical examination documents normal sensation, sensation intact to the bilateral upper extremities, positive left shoulder impingement sign, Limited left shoulder range of motion, and tenderness to palpation of the cervical and shoulder region musculature, muscle spasm, Limited cervical range of motion, bilaterally symmetrical 2+ reflexes. Diagnosis: 1. Left cervical strain with left upper extremity cervical C6 radiculitis; 2. Depression (on Zoloft, Ativan).

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology Consultation and Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low back Chapter and Neck Chapter.

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

Decision rationale: According to the CA MTUS/ACOEM guidelines, "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. 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 medical records do not demonstrate this patient has consistent, persistent objective findings indicative of a possible radiculopathy or neuropathy. Prior electrodiagnostic study and neurological consultation was performed in January 2012, which revealed an entirely normal study, without evidence of radiculopathy or peripheral neuropathy. The physical examination findings provided in the medical records document the patient as having normal motor, reflex, and sensation throughout the bilateral upper extremities. There is no evidence of any change in subjective complaint/symptoms or objective findings. Consequently, there does not appear to a valid rationale for another neurology referral. The medical necessity of the request is not been established.

(EMG) Electromyography of Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low back Chapter and Neck Chapter.

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

Decision rationale: As per CA MTUS/ACOEM guidelines, "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist." Further guidelines indicate "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 medical records do not demonstrate this patient has consistent, persistent objective findings indicative of a possible radiculopathy. Prior electrodiagnostic study and neurological consultation was performed in January 2012, which revealed an entirely normal study, without evidence of radiculopathy or peripheral neuropathy. The physical examination

findings provided in the medical records document the patient as having normal motor, reflex, and sensation throughout the bilateral upper extremities. There is no evidence of any change in subjective complaint/symptoms or objective findings. Consequently, medical necessity request is not been established.

(NCS) Nerve Conduction Study of Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low back Chapter and Neck Chapter.

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

Decision rationale: As per CA MTUS/ACOEM guidelines, "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist." Further guidelines indicate "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 medical records do not demonstrate this patient has consistent, persistent objective findings indicative of a possible radiculopathy. Prior electrodiagnostic study and neurological consultation was performed in January 2012, which revealed an entirely normal study, without evidence of radiculopathy or peripheral neuropathy. The physical examination findings provided in the medical records document the patient as having normal motor, reflex, and sensation throughout the bilateral upper extremities. There is no evidence of any change in subjective complaint/symptoms or objective findings. Consequently, medical necessity of the request is not been established.