

<b>Case Number:</b>	CM14-0033860		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/24/2010
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 records, presented for review, indicate that this 73-year-old female was reportedly injured on February 24, 2011. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated April 28, 2014, indicated that there were ongoing complaints of right shoulder pain. The physical examination demonstrated decreased range of motion, myofascial spasms and trigger points. Diagnostic imaging studies reported several findings; however, the handwritten notes were illegible. Previous treatment included multiple MRIs, acupuncture, diagnostic ultrasound and a 4-wheeled seated walker. A request was made for cervical MRI and was not certified in the pre-authorization process on February 25, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Spine MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** As outlined in the ACOEM Guidelines, there has to be progressive pathology associated with a neurological deficit. Given the findings noted on physical

examination and by the previous MRI, there was no objectification of a progressive neurological deficit. Therefore, the request of Cervical Spine MRI is not medically necessary and appropriate.

**Electromyography (EMG) of Right Upper Extremity: Upheld**

**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 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** As outlined in the ACOEM Guidelines, such studies may be of assistance in identifying subtle neurological dysfunction. In that there has not been a comprehensive clinical note presented for quite some time, there is insufficient clinical information to establish the medical necessity for such a study. Therefore, the request of Electromyography (EMG) of Right Upper Extremity is not medically necessary and appropriate.

**Nerve conduction velocity (NCV) of Right Upper Extremity: Upheld**

**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 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** As outlined in the ACOEM Guidelines, such studies may be of assistance in identifying subtle neurological dysfunction. In that there has not been a comprehensive clinical note presented for quite some time, there is insufficient clinical information to establish the medical necessity for such a study. Therefore, the request of Nerve conduction velocity (NCV) of Right Upper Extremity is not medically necessary and appropriate.

**Pain Management Consult.: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), chapter 7, page 127.

**Decision rationale:** When considering the date of injury, the injury sustained, the multiple interventions completed and that there were ongoing complaints, a consultation to assess this complex overall situation warrants inappropriate evaluation. Therefore, the request of Pain Management Consultation is medically necessary and appropriate.

**Six (6) weeks home care assistance, 4 hours a day for 5 days a week: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** When considering the injury sustained, the treatment rendered, and the most current physical examination reviewed, there was no indication that medical treatment for four hours a day would be required. Medical treatment does not include homemaker services and personal care. Therefore, the request of six (6) weeks home care assistance, 4 hours a day for 5 days a week is not medically necessary and appropriate.