

Case Number:	CM14-0038049		
Date Assigned:	06/25/2014	Date of Injury:	08/19/2013
Decision Date:	09/10/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	04/01/2014

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 Emergency Medicine 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:

Patient with reported date of injury on 8/19/2013. Mechanism of injury is described as a lifting incident at work injuring R shoulder. Patient has a diagnosis of R shoulder strain and lumbar "radiculopathy". Diagnosis of lumbar radiculopathy was done by QME physician in report dated 2/11/14 despite there being no findings consistent with radiculopathy(QME physician states "...the pain may be generated in an atypical manner from the left knee.") Patient has a history of prior L knee trauma and surgeries over a decade prior. Medical records reviewed. Last report available until 4/15/14. Patient complains of R shoulder pain. Pain is 3/10. Notes popping and clicking and weakness. Pt also claims 3/10 low back pain and L lower extremity pain. Low back complains are minimal to non-existent. Most of the pain complaints are related to the shoulder and L knee. Objective exam reveals significant decreased range of motion(ROM) of lumbar spine especially flexion and extension. Shoulder is also noted have have decreased ROM. No tenderness noted in L shoulder. Negative impingement and drop test. Lumbar spine exam shows no tenderness. No guarding or spasms. Negative straight leg raise. Neurological exam shows no dermatomal deficits. Knee exam reveals no tenderness. Knee is stable. ROM is normal.MRI of R shoulder on 11/11/13 revealed moderate osteoarthritis at R acromioclavicular joint, subacromial-subdeltoid bursitis and tendinosis of supraspinatus tendon and head of biceps tendon. MRI of L knee(2/11/14) reveals post surgical changes. Osteoarthritis and small effusion. Degeneration of ACL. MRI of Lumbar spine(3/8/14) reveals L4-5 disc degeneration with diffuse 3mm disc ridge. L5-S1 with 3-4mm disc protrusion. Moderate encroachment to the lateral recesses bilaterally. No central stenosis. Mild bilateral foraminal stenosis.No medication list was provided for review. Last report on medication was from 2/14 which reports Tramadol, Gabapentin and Meloxicam. Patient is reportedly getting chiropractic. Independent Medical review is for EMG of

bilateral lower extremities and NCV of bilateral lower extremities. UR on 2/26/14 recommended non certification. Request for authorization was done on 2/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG for bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 1/7/14), Electrodiagnostic testing (EMG/NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As per ACOEM Guidelines, EMG may be useful in detecting nerve root dysfunction. There is no documentation of any radiculopathy or nerve root dysfunction to support EMG use. In fact exam is consistent with knee related pathology. There has not been any conservative attempt to treat the underlying pain including physical therapy or medications. The request for EMG is not medically necessary.

NCV for bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 1/7/14), Electrodiagnostic testing (EMG/NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

Decision rationale: As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. The request for NCV is not medically necessary.