

Case Number:	CM14-0041480		
Date Assigned:	07/09/2014	Date of Injury:	11/15/2013
Decision Date:	08/18/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/07/2014

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 Family Practice, 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:

71 yr. old female claimant sustained a work related cumulative injury from 11/15/12-11/15-13 involving the back and shoulders. She was diagnosed with right shoulder bursitis, left arm numbness and cervical radiculopathy. A progress note on 2/13/14 indicated the claimant 8/10 bilateral shoulder and arm pain. Examination of the right shoulder displayed trapezial tenderness but normal range of motion. The right shoulder had decreased range of motion vs the left. There were impingement findings on the right shoulder. The treating physician provided Tramadol for pain and requested an MRI of the right shoulder, EMG and NCV testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: According to the ACOEM guidelines, an MRI of the shoulder is not recommended without surgical considerations. In this case, the examination was consistent with

impingement. There was no plan for surgery. There were no recent trauma, infections or suspicions for tumor or neurovascular compromise that would require an MRI. The MRI of the right shoulder is not medically necessary.

EMG Upper extremity (UE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: According to the ACOEM guidelines, an EMG is not recommended for evaluation of the shoulder for routine diagnoses. There was no indication of rotator cuff weakness or tear that would indicate the need. The claimant has a clinical diagnosis of impingement. An EMG is not medically necessary.

NCV Upper extremity (UE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Section: Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: According to the ACOEM guidelines, an NCV is not recommended for evaluation of the shoulder for routine diagnoses. There was no indication of rotator cuff weakness or tear that would indicate the need. The claimant has a clinical diagnosis of impingement. An NCV is not medically necessary.