

Case Number:	CM14-0043572		
Date Assigned:	07/02/2014	Date of Injury:	02/07/2013
Decision Date:	08/19/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/10/2014

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 Forensic Psychology, 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:

53 yr. old female claimant sustained a work related injury on 2/7/13 involving her shoulders, neck and back. She was diagnosed shoulder impingement and rotator cuff syndrome and underwent arthroscopy of the decompression. A progress note on February 12, 2014 indicated the claimant had 7/10 shoulder pain. She had undergone physical therapy. Her cervical spine showed reduced flexion and extension as well as side bending and rotation. Spurling's test was negative. Her right shoulder is had reduced range of motion. There was tenderness to palpation of the right shoulder as well as positive impingement findings. There was tenderness over the trapezius muscles. Prior cervical spine and shoulder x-rays showed no gross abnormalities. Her neurologic examination was unremarkable for the reflexes and sensation. She had diminished motor strength in the right shoulder region. Provocative testing in the elbows bilaterally were negative. The treating physician ordered an EMG and nerve conduction studies of the upper extremities to evaluate for nerve entrapment and cervical radiculopathy. In addition an MR arthrogram of the right shoulder was requested and an MRI of the cervical and thoracic spines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the ACOEM guidelines, MRI of the cervical spine is recommended for red flag diagnoses. An MRI may be used to diagnose nerve root compromise in preparation for an invasive procedure. This case the claimant did not have any signs of infection, tumor or trauma. There was no plan for a surgical procedure. X-rays were unremarkable. The MRI of the cervical spine is not medically necessary.

MRI OF THE THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the ACOEM guidelines, MRI of the thoracic spine is recommended for red flag diagnoses. An MRI may be used to diagnose nerve root compromise in preparation for an invasive procedure. This case the claimant did not have any signs of infection, tumor or trauma. There was no plan for a surgical procedure. X-rays were unremarkable. The MRI of the thoracic spine is not medically necessary.

EMG OF BILATERAL UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the ACOEM guidelines, an EMG is not recommended for diagnostic evaluation of nerve entrapment or screening in patients without symptoms. In this case the claimant had very specific physical findings in her upper extremities and back. There were no signs of nerve entrapment in the cervical spine exam. The request for an EMG is not medically necessary.

NCS OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the ACOEM guidelines, an NCV is not recommended for diagnostic evaluation of nerve entrapment or screening in patients without symptoms. It is recommended for median or ulnar impingement at the wrist after failure of conservative treatment. There were no signs of nerve entrapment in the cervical spine exam or upper extremities. The request for an NCV is not medically necessary.