

Case Number:	CM14-0051190		
Date Assigned:	07/07/2014	Date of Injury:	07/11/2013
Decision Date:	08/28/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/18/2014

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 59 year-old individual was reportedly injured on 7/11/2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 3/14/2014, indicates there are ongoing complaints of left shoulder, neck, low back, bilateral wrist, right knee, and right foot pain. The physical examination reveals cervical spine positive tenderness to palpation bilateral trapezius, paravertebral muscles, scapula, left greater than right with a positive compression test and negative distraction test. Lumbar spine is tender to palpation bilaterally paraspinal musculature, sacroiliac joint, quadratus lumborum (QL) with a positive Kemp's test bilaterally and positive straight leg raise bilaterally. Left shoulder is tender to palpation at supraspinatus, subacromial, and acromioclavicular joint. Positive tenderness to palpation anteriorly and posteriorly with decreased range of motion. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request had been made for ultrasound of the left shoulder, electrodiagnostic studies (EMG/NCV) of the left upper extremity and was not certified in the pre-authorization process on 3/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178.
Decision based on Non-MTUS Citation Official Disability Guidelines and the Minimum

Standards for electrodiagnostic studies: The American Association of Neuromuscular & Electrodiagnostic Medicine (AAEM).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute and Chronic) Ultrasound, Diagnostic.

Decision rationale: Ultrasound for use in diagnostic purposes is recommended. The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears, although ultrasound may be better at picking up partial tears. Ultrasound is a highly accurate imaging study for evaluating the integrity of the rotator cuff in shoulders that have undergone an operation. Its accuracy for operatively treated shoulders appears to be comparable with that previously reported for shoulders that had not been operated on. Preoperative ultrasound examination of the shoulder permits a reliable diagnosis of complete rotator cuff tears and calcium deposits (calcific tendinitis). The method is less sensitive but sufficiently reliable for the diagnosis of partial rotator cuff tears and pathology of the long biceps tendon. After review of medical records provided I am unable to determine any specific objective findings on physical exam that would necessitate the use of ultrasound to rule out the presence of a rotator cuff tear, or any other pathology concerning internal derangement. Therefore, lacking pertinent findings on physical exam this request is deemed not medically necessary.

EMG for left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines and the Minimum Standards for electrodiagnostic studies: The American Association of Neuromuscular & Electrodiagnostic Medicine (AAEM).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. Given the lack of medical documentation to include subjective or objective findings on physical exam to support EMG or NCV studies, this request is not considered medically necessary.

NCV for left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines and the Minimum Standards for electrodiagnostic studies: The American Association of Neuromuscular & Electrodiagnostic Medicine (AAEM).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. Given the lack of medical documentation to include subjective or objective findings on physical exam to support EMG or NCV studies, this request is not considered medically necessary.