

Case Number:	CM14-0054356		
Date Assigned:	07/07/2014	Date of Injury:	05/22/2013
Decision Date:	08/28/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/23/2014

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 Occupational 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:

The patient is a 60-year-old female who has submitted a claim for mild adhesive capsulitis, subacromial impingement, and articular surface tear of the rotator cuff associated with an industrial injury date of 05/22/2013. Medical records from 05/29/2013 to 07/07/2014 were reviewed and showed that patient complained of left shoulder pain (grade not specified) that was aggravated by overhead activities. Physical examination revealed tenderness over the AC joint. Decreased left shoulder ROM was noted with external rotation and abduction. Bikinetic testing revealed grade IV weakness in the anterior mid deltoids. Positive Neer's, Hawkins, and Jobe tests were noted. Speed's and O'Brien tests were negative. X-ray of the left shoulder dated 06/21/2013 was unremarkable. Repeat X-ray of the left shoulder dated 10/30/2013 revealed osteopenia and mild AC joint degenerative change. Treatment to date has included physical therapy and pain medications. Utilization review dated 04/08/2014 denied the request for EMG and MRI of the left shoulder because there was no documentation of red flags on physical examination. Utilization review dated 04/08/2014 denied the request for posture shirt because there was no documentation that the posture shirt would be expected to enhance long-term functional abilities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, MRI.

Decision rationale: Pages 208, 209 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS states that criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, Official Disability Guidelines states that the criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. In this case, there were no physical findings that demonstrated red flag signs. There was no documentation of failure with previous physical therapy. X-ray of the left shoulder dated 10/30/2013 revealed osteopenia and mild AC joint degenerative change. Based on the medical records available, the patient does not meet the guideline criteria for MRI. Therefore, the request for MRI of the left shoulder is not medically necessary.

EMG (Electromyography) of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, complete neurologic evaluation was not made available to support the presence of a focal neurologic deficit. The medical necessity for EMG cannot be established. Therefore, the request for EMG (Electromyography) of the left shoulder is not medically necessary.

Posture Shirt: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, DME.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Knee Chapter was used instead. A Durable Medical Equipment (DME) is recommended generally if there is a medical need and if the device meets the Medicare's definition of DME as: can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. In this case, there was no discussion to support the medical need for a posture shirt. The specific material of the posture shirt was not discussed. The medical necessity cannot be established due to insufficient information. Therefore, the request for posture shirt is not medically necessary.