MAXIMUS Federal Services

Case Number:	CM14-0055436		
Date Assigned:	07/07/2014	Date of Injury:	11/04/2010
Decision Date:	09/09/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/24/2014

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 & Rehabilitation 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 59-year-old male who has submitted a claim for status post right shoulder arthroscopic decompression (05/2012), C5-6 disc herniation with probable right cervical radiculitis, and status post bilateral carpal tunnel release associated with an industrial injury date of 11/04/2010. Medical records from 09/24/2013 to 07/07/2014 were reviewed and showed that patient complained of neck pain graded 4/10, right shoulder pain graded 4/10, and bilateral wrist pain graded 5/10 with numbness and tingling. Physical examination of the cervical spine revealed tenderness over the cervical paraspinal muscles and limited ROM secondary to pain. Physical examination of the right shoulder revealed well-healed arthroscopic portal incisions and painful range of motion (ROM). Physical examination of the wrists revealed well-healed incisions. MRI of the right shoulder dated 11/04/2010 revealed post-surgical changes and surgical change versus partial tear of the supraspinatus tendon. MRI of the cervical spine revealed straightening of the normal cervical spine lordosis, C3-4 and C4-5 disc protrusion with mild neuroforaminal stenosis, and C5-6 disc protrusion with probable impingement of exiting nerve root at the right. An Electromyography and Nerve Conduction Velocity (EMG/NCV) of bilateral upper extremities dated 10/03/2012 was done. However, the results were not made available. Treatment to date has included right shoulder arthroscopic subacromion decompression (05/05/2012), right carpal tunnel release (02/20/2013), left carpal tunnel release (04/06/2013), postoperative physical therapy, and pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, MRI.

Decision rationale: According to pages 208 and 209 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by the California MTUS , the criteria for an MRI 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, the 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, objective findings did not provide evidence of red flag conditions. The functional outcome of physical therapy and a contemplated invasive procedure were not documented. The patient did not meet criteria for MRI based on the available medical records. The MRI of the right shoulder dated 11/04/2010 revealed post-surgical changes and surgical change versus partial tear of the supraspinatus tendon. There was no discussion as to why repeat shoulder MRI is needed. Therefore, the request for right shoulder MRI is not medically necessary.

EMG Bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

Decision rationale: According to page 238 of the California MTUS ACOEM Practice Guidelines, an 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, the patient complained of neck pain and bilateral wrist pain with tingling sensation. Complete neurologic evaluation of the cervical spine and upper extremities was not made available. Hence, the presence of a focal neurologic deficit cannot be confirmed. The medical necessity for EMG of the bilateral upper extremities cannot be established. Of note, an EMG of bilateral upper extremities was done 10/04/2012 with the results made unavailable. Therefore, the request for EMG Bilateral upper extremities is not medically necessary.

NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Studies Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

Decision rationale: The California MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, the ODG states that a nerve conduction study (NCS) is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled "Nerve Conduction Studies in Polyneuropathy" cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the patient complained of neck pain and bilateral wrist pain with tingling sensation. Complete neurologic evaluation of the cervical spine and upper extremities was not made available. Nerve Conduction Velocity (NCV) is a reasonable option for the patient who presents with symptoms of neuropathy. However, an NCV of bilateral upper extremities was done 10/04/2012 with the results made unavailable. It is unclear as to why a repeat NCV of bilateral upper extremities is needed. Therefore, the request for NCV bilateral upper extremities is not medically necessary.