

Case Number:	CM14-0068208		
Date Assigned:	07/23/2014	Date of Injury:	08/01/2008
Decision Date:	09/19/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/12/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 56-year-old female, who reported injury on 08/01/2008. Mechanism of injury was not submitted in report. Injured worker has diagnosis of bilateral shoulder bursitis with impingement, bilateral knee degenerative joint disease, bilateral hip degenerative joint disease, bilateral sacroiliac joint dysfunction, left ankle arthralgia with second toe recent contusion, cervical strain and left shoulder contusion, left shoulder infraspinatus muscle edema/strain with tendinitis, left cubital syndrome, status post artificial disc replacement at the L3-4 and anterior lumbar interbody fusion at L4-5 and L5-S1, cervical radiculopathy, HNP of cervical spine, and cervicogenic headaches. The injured worker's past medical treatment includes aquatic therapy, membership to the [REDACTED], selective nerve root injections, the use of an elbow sleeve, physical therapy and medication therapy. Medications include gabapentin, Norco, Cymbalta and compound cream. Dosage, frequency and duration were not submitted in the report. The injured worker has undergone MRIs and CT scan. An MRI of the left shoulder revealed infraspinatus muscle edema/strain with tendinosis and acromioclavicular joint degenerative change, SLAP lesion seen extending to but not avulsing the biceps anchor and extending to the posterior mid labrum. The injured worker underwent artificial disc replacement at the L3-4 and anterior lumbar interbody fusion at L4-5 and L5-S1 on 10/11/2010. The injured worker complained of ongoing pain that has gotten some improvement in the cervical spine region with a C7 nerve injection/selective nerve root block that was performed. The injured worker has ongoing pain ranging from a 3/10 to 6/10. Physical examination, dated 07/01/2014, revealed that the injured worker had tenderness to palpation at the cervical spine, midline, and paraspinals, with limited range of motion. There were no signs of infection, injection site with without any sign of drainage or injection. Examination of the left shoulder revealed a flexion of 0 to 170 degrees, abduction 0 150 degrees, external rotation of 0 to 80 degrees, internal rotation

of 0 to 80 degrees, adduction and extension of 0 to 50 degrees. Exam revealed positive subacromial bursitis and positive impingement. There was mild tenderness over the AC joint with direct palpation and cross arm testing. There was a negative apprehension test, negative O'Brien's test, negative Speed's test, and negative drop arm test. There was 5-/5 strength to resistance in all directions. Sensation was intact in the C5 distribution to light touch. Examination of the left elbow revealed a range of motion of 0 to 140 degrees, pronation and supination of 0 to 80 degrees. There was a positive Tinel's over the cubital tunnel, mild, with pain into the forearm but not into the hand and wrist. There was no valgus instability. Exam showed that the injured worker was mild to moderately tender over the lateral epicondyle, with pain in the lateral epicondyle with resisted long finger and wrist extension. Examination of the left wrist and hand revealed extension of 0 to 60 degrees, flexion of 0 to 60 degrees, radial deviation of 0 to 20 degrees and ulnar deviation of 0 to 30 degrees. There was a positive Phalen's test, negative carpal tunnel compression test and negative Tinel's test. There were no triggering of any fingers or thumb. There were no signs of CRPS. Sensation was slightly decreased to light touch in the C8 distribution. Motor strength revealed a 5/5 grip strength. Examination of the left knee revealed a range of motion of 0 to 120 degrees. There was painful patellofemoral crepitus with motion, but no patellar instability. There was a negative Lachman, negative anterior drawer, negative posterior drawer and stable to varus valgus stress at 0 to 30 degrees. There were also signs of a negative McMurray's test. There was a motor strength of 5-/5 quad strength and 5/5 hamstring strength. There was mild tenderness above the medial and lateral joint lines. Examination of the right knee revealed range of motion of 0 to 120 degrees. There was painful patellofemoral crepitus with motion, but no patellar instability. There was a negative Lachman, negative anterior drawer, negative posterior drawer, stable to varus valgus stress at 0 to 30 degrees. There was also a negative McMurray's test. There was a 5-/5 quad strength, 5/5 hamstring strength. Examination also revealed mild tenderness above the medial and lateral joint lines. The treatment plan is for the injured worker to undergo a second Orthovisc injection to the knee bilaterally, and undergo an EMG/NCV of the left upper extremity. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conductive Velocity (NVC) Left Upper Extremity: 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): 177-179.

Decision rationale: The ACOEM Guidelines state that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. There was no documented evidence submitted in the report revealing that the diagnostics done in the past revealed equivocal/long diagnostic findings to necessitate diagnostic study of an NCV.

Failure of recent conservative care received also was not demonstrated in the submitted report. Additionally, there were no documented neurologic deficits in the left upper extremity, to include abnormal reflexes and decreased sensation. Furthermore, the submitted report lacked documentation of at least 3 to 4 weeks of observation. As such, the request is not medically necessary.

Electromyogram (EMG) Left Upper Extremity: 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): 177-179.

Decision rationale: The ACOEM Guidelines state that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. There was no documented evidence submitted in the report revealing that the diagnostics done in the past revealed equivocal/long diagnostic findings to necessitate diagnostic study of an EMG. Failure of recent conservative care received was also not demonstrated in the submitted report. Additionally, there were no documented neurologic deficits in the left upper extremity, to include abnormal reflexes and decreased sensation. Furthermore, the submitted report lacked documentation of at least 3 to 4 weeks of observation. As such, the request for Electromyogram (EMG) Left Upper Extremity is not medically necessary.