

Case Number:	CM14-0073447		
Date Assigned:	07/16/2014	Date of Injury:	08/18/2011
Decision Date:	09/08/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/20/2014

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:

Patient is a 69-year-old female who has submitted a claim for cervical arthrosis / radiculopathy, left thumb carpometacarpal arthrosis, trapezial and paracervical strain, status post left shoulder arthroscopy, and status post left endoscopic carpal tunnel release associated with an industrial injury date of 08/18/2011. Medical records from 2013 to 2014 were reviewed. Patient complained of persistent left-sided neck pain and left shoulder pain, associated with numbness and weakness at the left hand. Patient denied right upper extremity symptoms. Left shoulder range of motion was stiff and painful. Cervical spine range of motion was slightly restricted. Tenderness was noted at the left trapezius, left paracervical muscles, and left acromioclavicular joint. Spurling's test and impingement sign were equivocal on the left. Jamar Dynamometer findings were 35/30/35 lbs at the right versus 18/15/10 lbs at the left. There was slight thumb carpometacarpal tenderness on the left. Tinel's sign was negative. Phalen's test was equivocal on the left. Treatment to date has included left shoulder subacromial decompression, excision of the distal clavicle, debridement of a partial-thickness rotator cuff tear, biceps tenodesis, labral debridement, and left endoscopic carpal tunnel release on 03/06/2012, left thumb spica splint, and medications. Utilization review from 05/07/2014 denied the requests for cervical-spine consultation because physical examination showed equivocal provocative testing and conservative care was not evident; denied MRI cervical-spine because previous result was not available for review and there was no evidence of significant change in patient's manifestations, and denied Nerve Conduction Studies bilateral Median & Ulnar Wrist ,elbow and neck, and Electromyogram bilateral Median & Ulnar Wrist ,elbow and neck due to no red flag signs relative to the cervical spine and upper extremities and there were no signs of peripheral nerve entrapment.

IMR ISSUES, DECISIONS AND RATIONALES

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

C-Spine Consultation: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>.

Decision rationale: As stated on page 127 of the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient complained of persistent left-sided neck pain associated with numbness and weakness at the left hand. Cervical spine range of motion was slightly restricted. Tenderness was noted at the left trapezius and left paracervical muscles. Spurling's test and impingement sign were equivocal on the left. Jamar Dynamometer findings were 35/30/35 lbs at the right versus 18/15/10 lbs at the left. The documented rationale for referral to a specialist was because of persistence of symptoms despite prescription of medications. The treating provider likewise stated that disorder of the cervical spine was not his expertise. The medical necessity has been established. Therefore, the request for cervical spine consultation is medically necessary.

MRI C-spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) guidelines support imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In this case, patient complained of persistent left-sided neck pain associated with numbness and weakness at the left hand. Cervical spine range of motion was slightly restricted. Tenderness was noted at the left trapezius and left paracervical muscles. Spurling's test and impingement sign were equivocal on the left. Jamar Dynamometer findings were 35/30/35 lbs at the right versus 18/15/10 lbs at the left. Clinical manifestations showed probable presence of neurologic dysfunction; hence, magnetic resonance imaging (MRI) may be warranted. However, utilization

review from 05/07/2014 cited that a previous MRI was already accomplished. However, the official result was not made available for review. The medical necessity for a repeat imaging has not been established pending completion of records. Therefore, the request for MRI of the cervical spine is not medically necessary.

Nerve Conduction Studies bilateral Median & Ulnar Wrist ,elbow and neck: Upheld

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

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, 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: American College of Occupational and Environmental Medicine (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, Official Disability Guidelines (ODG) states that Nerve Conduction Velocity Studies (NCS) is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by Electromyography (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, patient complained of persistent left-sided neck pain associated with numbness and weakness at the left hand. Cervical spine range of motion was slightly restricted. Spurling's test and impingement sign were equivocal on the left. Jamar Dynamometer findings were 35/30/35 lbs at the right versus 18/15/10 lbs at the left. Tinel's sign was negative. Phalen's test was equivocal on the left. Clinical manifestations showed probable presence of nerve entrapment at the left upper extremity; hence, NCV may be warranted. However, the present request as submitted also included testing the contralateral arm. Review of records showed that patient denied right upper extremity symptoms; hence, there is no clear indication for NCV testing of right arm. Therefore, the request for Nerve Conduction Studies bilateral median & ulnar wrist, elbow and neck is not medically necessary.

Electromyogram bilateral Median & Ulnar Wrist ,elbow and neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) ACOEM Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, patient complained of persistent left-sided neck pain associated with numbness and weakness at the left hand. Cervical spine range of motion was slightly restricted. Spurling's test and impingement sign were equivocal on the left. Jamar Dynamometer findings were 35/30/35 lbs at the right versus 18/15/10 lbs at the left. Tinel's sign was negative. Phalen's test was equivocal on the left. Clinical manifestations showed probable presence of neurologic dysfunction at the left upper extremity; hence, EMG may be warranted. However, the present request as submitted also included testing the contralateral arm. Review of records showed that patient denied right upper extremity symptoms; hence, there is no clear indication for EMG testing of right arm. Therefore, the request for electromyogram bilateral median & ulnar wrist, elbow and neck is not medically necessary.