

Case Number:	CM14-0099215		
Date Assigned:	07/28/2014	Date of Injury:	09/30/2013
Decision Date:	08/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/27/2014

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, has a subspecialty in Interventional Spine 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 50 year old female with an injury date of 09/30/2013. Based on the 04/30/2014 progress report provided by [REDACTED], the diagnoses include: Rule out right TOS; Impingement right shoulder; L/S strain with left with L5 radiculopathy; Contusion; bilateral knees; Complaints of depression. According to this report, the patient complains of right shoulder pains that are sharp, needling-type pain with numbness. The patient rated the pain as an 8/10. The patient also complains of low back pain that radiates into both lower extremities with pain as a 7/10. Deep tendon reflexes of C5, C6, C7, L4 and L5 are increased bilaterally. Adson's test, Neer's sign, Apprehension, Impingement I & II, Hawkin's, left straight leg raise and left Braggard's test are all positive. Range of motion of the shoulder and lumbar spine are decreased. Loss of sensation in the L5 nerve distribution on the left is noted. An MRI of the right shoulder on 12/02/2013 reveals moderate supraspinatus tendinosis without discrete or through-and-through tear. There is a possibility of calcific tendonitis, bursitis, and mild shoulder capsulitis. An electromyography (EMG)/nerve conduction study (NCS) of the upper extremity reveals mild right carpal tunnel syndrome. [REDACTED] is requesting an MRI of the right shoulder and EMG/NCS of the right upper extremity. The utilization review denied the request on 06/10/2014.

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): 208, 209, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: ODG Guidelines state repeat MRIs are not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Review of the reports from 01/13/2014 to 04/30/2014 shows the patient is improving with diminished pain about the right shoulder and is happy with her progress. No discussion is provided as to why the patient needs a repeat MRI of the right shoulder. There is no evidence of significant progression of symptoms or significant findings of pathology to warrant a repeat MRI. As such, the request is not medically necessary.

EMG/NCS Right Upper Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: ACOEM guidelines state appropriate electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome (CTS) and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. Review of the reports show the patient had a neurodiagnostic study done on 11/21/2013 indicating mild right carpal tunnel syndrome. In this case, a repeat study of the same body parts is not needed. As such, the request is not medically necessary.