

Case Number:	CM14-0112959		
Date Assigned:	08/01/2014	Date of Injury:	12/18/2010
Decision Date:	04/21/2015	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 38-year-old female who sustained an industrial injury on 12/18/10. Injury occurred when she was lifting jars and felt a pulling sensation in her arm with pain up to the shoulder. The 10/16/12 left upper extremity EMG/NCV was reported normal. The 1/23/13 left elbow MRI impression documented common tensor tendon origin tendinosis, and osseous degenerative spurring without acute osseous or ligamentous abnormality. The 1/23/13 left shoulder MRI impression documented mild rotator cuff tendinosis with down sloping acromion and mild to moderate acromioclavicular joint degenerative change without full thickness tear or retraction. The 2/20/13 cervical spine MRI showed reversal of the cervical lordosis with retrolisthesis at C5/6, canal stenosis at C4/5 and C5/6, and mild canal stenosis and neuroforaminal narrowing at C7/T1. The 1/24/14 treating physician report cited grade 4-6/10 left upper extremity pain, primarily in the left shoulder and elbow. The diagnosis was left carpal tunnel syndrome symptoms, not electrodiagnostically supported, left elbow lateral epicondylitis and radial tunnel symptoms, left shoulder bursitis and impingement, cervical spine sprain/strain, and left elbow common extensor tendon tendinosis and osseous degenerative spurring of the left elbow. The treatment plan included a request for permanent and stationary reporting from a secondary physician training in spine surgery with regard to the patient's spinal issues. Records indicate that the patient has been following in a multispecialty group with regular visits to the requested spine surgeon for a diagnosis of cervical spine herniated nucleus pulposus and radiculopathy. The 5/9/14 treating physician report cited persistent left upper extremity complaints with grade 9/10 left shoulder and elbow pain with radiating pins and needles from the

elbow to the wrist, and numbness, tingling and weakness in the left forearm extending to all fingertips. Conservative treatment has included physical therapy, chiropractic/physiotherapy, acupuncture, left shoulder corticosteroid injection, and two left elbow corticosteroid injections. The upper extremity neurologic exam documented normal strength, sensation, and deep tendon reflexes. A cervical spine exam was not documented. The diagnosis was left shoulder impingement/bursitis, left lateral epicondylitis, and cervical radiculopathy. The treatment plan recommended follow-up with spine consultant. The 6/19/14 utilization review non-certified the request for consultation for spine issues as there was no clear rationale provided for this referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for Spine Issues: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7-Independent Medical Examinations and Consultations Page 127.

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

Decision rationale: The California MTUS guidelines state that referral for surgical consultation for the cervical spine is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms with activity limitation for more than one month or with extreme progression of symptoms. Guidelines require documented failure of conservative treatment to resolve radicular symptoms and clear clinical, imaging, and electrophysiological evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term. Guideline criteria have not been met. This patient presents with persistent left upper extremity complaints and a diagnosis of left shoulder impingement/bursitis, left lateral epicondylitis, and cervical radiculopathy. There is no current clinical exam evidence to support the diagnosis of cervical radiculopathy. A cervical spine exam was not documented. The upper extremity neurologic exam was within normal limits and the electrodiagnostic study was reported normal. There is no compelling reason to support the medical necessity of an additional spinal consult at this time. Therefore, this request is not medically necessary.