

Case Number:	CM14-0185637		
Date Assigned:	11/13/2014	Date of Injury:	10/08/2002
Decision Date:	01/02/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/07/2014

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, has a subspecialty in Interventional Spine Pain Management 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 35-year-old female with injury date of 10/08/02. Based on the 09/04/14 progress report, the patient complains of neck and bilateral shoulder pain rated 8-10/10, radiating into the bilateral arms with numbness and tingling in the hands. Physical examination on 08/18/14 revealed positive facet loading and Spurling's tests. Examination of the shoulders on 09/04/14 revealed positive Neer's and Hawkins' impingement sign bilaterally. EMG/NCV per 08/18/14 progress report revealed bilateral C5-C6 radiculopathy. Provider is requesting EMG "to look for disc pathology that may be causing her numbness and tingling" per 09/04/14 progress report. MRI of right shoulder per 09/04/14 report demonstrated supraspinatus and infraspinatus tendinosis and subchondral cyst in the humeral head. Provider stated continuing physical therapy per 09/04/14 report. Diagnostic Tests: EMG & NCV: normal study 07/23/14 and MRI Right Shoulder 07/22/14. Diagnosis 08/18/14 are Cervicalgia, Cervical radiculopathy, LumbagoLumbar radiculopathy, Sacroiliac joint dysfunction, Myalgias, Cervicogenic headaches, Gastritis and Shoulder pain and impingement. Diagnosis 09/04/14 are Right shoulder chronic pain with impingement syndrome, bursitis, and tendinosis, Left shoulder pain with impingement syndrome, bursitis, and tendinosis and Numbness and tingling, bilateral upper extremity. The utilization review determination being challenged is dated 10/24/14. The rationale follows: 1) EMG/Nerve Conduction of the neck and shoulder did not document severe nerve dysfunction. 2) MRI Right Shoulder documented normal ranges of motion of the right shoulder either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears. 3) Physical Therapy 2 times a week for 6 weeks right shoulder; already had 24 sessions of physical therapy. Treatment reports were provided from 06/24/14 to 09/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/Nerve Conduction of the Neck and Shoulders: 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): 260-262.

Decision rationale: Patient presents with neck and bilateral shoulder pain rated 8-10/10, radiating into the bilateral arms with numbness and tingling in the hands. The request is for EMG/Nerve Conduction of the neck and shoulder. Diagnosis dated 08/18/14 included cervical radiculopathy and shoulder pain and impingement. Diagnosis dated 09/04/14 included right and left shoulder chronic pain with impingement syndrome, bursitis, and tendinosis. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, pages 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between 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." Per progress report dated 09/04/14, provider is requesting EMG "to look for disc pathology that may be causing her numbness and tingling" per 09/04/14 progress report. EMG/NCV report from study dated 07/23/14 revealed normal findings, and per progress report dated 08/18/14 "EMG/NCV revealed bilateral C5-C6 radiculopathy." It appears patient has had two electrodiagnostic studies prior to authorization, or misdocumented findings. Repeat EMG study would not be warranted by guidelines, given current findings. Therefore, this request is not medically necessary.

MRI Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, MRI

Decision rationale: Patient presents with neck and bilateral shoulder pain rated 8-10/10, radiating into the bilateral arms with numbness and tingling in the hands. The request is for MRI Right Shoulder. Diagnosis dated 08/18/14 included cervical radiculopathy and shoulder pain and impingement. Diagnosis dated 09/04/14 included bilateral shoulder pain with impingement syndrome, bursitis, and tendinosis, chronic on the right. ACOEM guidelines have the following regarding shoulder MRI: (pages 207-208): "Primary criteria for ordering imaging studies. Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema,

cyanosis or Raynaud's phenomenon)." For chronic pain, ODG guidelines may be more appropriate. ODG supports shoulder MRI for suspected rotator cuff/labral tear. Provider has not discussed reason for the request. Per progress report dated 09/04/14, patient presents with radicular symptoms, which are neurologic dysfunction, for which MRI would be indicated based on ODG. However, MRI of right shoulder was already performed on 7/22/14, which demonstrated supraspinatus and infraspinatus tendinosis and subchondral cyst in the humeral head. Provider does not mention any new injuries; examination does not show any new changes that are severe such as neurologic deterioration, and patient is not post-operative, to warrant repeat MRI. There is no reason to obtain another MRI. Therefore, this request is not medically necessary.

Physical Therapy 2 Times a Week for 6 Weeks Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: Patient presents with neck and bilateral shoulder pain rated 8-10/10, radiating into the bilateral arms with numbness and tingling in the hands. The request is for Physical Therapy 2 times a week for 6 weeks right shoulder. Diagnosis dated 08/18/14 included cervical radiculopathy and shoulder pain and impingement. Diagnosis dated 09/04/14 included bilateral shoulder pain with impingement syndrome, bursitis, and tendinosis, chronic on the right. Provider stated continuing physical therapy per 09/04/14 report. MRI of right shoulder per 09/04/14 progress report demonstrated supraspinatus and infraspinatus tendinosis and subchondral cyst in the humeral head. MTUS pages 98 and 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per utilization review letter dated 10/24/14, patient already had 24 physical therapy visits. Provider does not explain why therapy is being requested other than for subjective pain. There is no discussion of flare-up's, new injury or new symptoms warranting additional treatment, or why patient can't move on to home exercise program. Furthermore, the requested 12 sessions exceed what is recommended by MTUS. Therefore, this request is not medically necessary.