

<b>Case Number:</b>	CM14-0187443		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Orthopedic Surgeon 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:

A 64 year old male has a 04/15/13 date of injury, due to repetitive trauma. Diagnoses were rotator cuff tear of bilateral shoulders, degenerative disc disease of the cervical spine, cervical radiculopathy, and degenerative arthritis of bilateral wrists. 10/02/14 progress report demonstrates complaints of bilateral shoulder pain. He had difficulty reaching above the shoulder level and outwards. There was radiating pain from the left shoulder to the elbow. The pain kept him up at night. He also had bilateral wrist and hand pain with numbness and night pain. Past medical history was positive for hypertension. Clinically, shoulder stability was good bilaterally. There was a positive impingement sign bilaterally. Left shoulder range of motion was decreased. Tinels, Phalens, and Finkelstein were negative in the wrists. There was positive grind test in the wrists. There was tenderness about the carpal tunnel, radial styloid and the first dorsal compartment bilaterally with firm palpation. There was swelling at the CMC joint of both thumbs. X-rays of the left shoulder showed 2 anchors were present in the humeral head. X-rays of the wrists showed severe carpometacarpal arthritis, the left worse than the right. The patient was a candidate for diagnostic arthroscopy, rotator cuff repair and possible arthrotomy of the left shoulder. An EMG/NCS would be beneficial to delineate carpal tunnel syndrome versus cervical radiculopathy. A hand surgery referral was recommended. The patient was on temporary total disability 06/11/14 EMG/NCS documented an abnormal EMG and nerve conduction study of the upper extremities consistent with bilateral mild carpal tunnel syndrome and mild left ulnar neuropathy at the elbow. 03/25/14 MRI of the left shoulder documented that there was full-thickness tearing of the supraspinatus just proximal to the footprints superimposed upon a background of tendinopathy. Suture anchors were noted at the level of the greater tuberosity. There was a small residual tendon stump at the level of the greater tuberosity. Edema was noted at the supraspinatus muscle suggestive of muscle strain. There was a marked background

tendinopathy of the infraspinatus and subscapularis. There was intra-articular biceps tendinopathy. There was trace glenohumeral joint effusion with synovitis. Treatment to date has included medications, splints for the wrists, therapy and exercises. The patient had left shoulder arthroscopic rotator cuff repair, subacromial decompression, acromioplasty, and debridement on 08/27/13. He had 42 PT sessions which were somewhat helpful.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Associated Surgical Services: Post operative cold therapy unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous Flow Cryotherapy

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of 7 days. In this case there is no specification of length of time requested postoperatively for the cryotherapy unit. Therefore the request is not medically necessary.

**Associated Surgical Services: EMG/NCV of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel section, electrodiagnostic studies

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of EMG/NCV testing. According to the ODG, Carpal tunnel section, "Recommended in patients with clinical signs of CTS who may be candidates for surgery? Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS)." In this case there is no evidence of neurologic deficits or carpal tunnel syndrome in the cited records from 10/2/14 to warrant NCS or EMG. Therefore the request is not medically necessary.