

Case Number:	CM14-0190256		
Date Assigned:	11/21/2014	Date of Injury:	06/18/2011
Decision Date:	01/09/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/14/2014

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 Surgery, 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:

According to the records made available for review, this is a 49-year-old female with a 6/18/11 date of injury, and status post right shoulder arthroscopy 4/13. At the time (11/5/14) of request for authorization for MR Arthrogram of right shoulder and EMG of the upper extremity as an outpatient, there is documentation of subjective (right shoulder complaints, some numbness in the bilateral upper extremity) and objective (shoulder forward flexion to 135 degrees, 5-/5 muscle strength on the right shoulder, minimal Neer's and Hawkins impingement signs, positive O'Brien's findings, imaging findings (reported shoulder x-rays (9/25/14) revealed no acute fracture or dislocation), current diagnoses (bilateral shoulder pain, the right side being more so than the left side), and treatment to date (TENS, activity modification, and medications). 9/25/14 medical report identifies a request for an MRI Arthrogram of the right shoulder to rule out a labral tear. Regarding the requested EMG of the upper extremity as an outpatient, there is no documentation that the etiology of the radicular symptoms is not explained by other diagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram of right shoulder: Overturned

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

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

Decision rationale: MTUS reference to ACOEM guidelines identifies that imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more; and that magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy. ODG identifies that subtle tears that are full thickness are best imaged by arthrography and that MR arthrography is usually necessary to diagnose labral tears. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder pain, the right side being more so than the left side. In addition, there is documentation of a suspected labral tear. Therefore, based on guidelines and a review of the evidence, the request for MR Arthrogram of right shoulder is medically necessary.

EMG of the Upper Extremity as an Outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177, 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Electrodiagnostic studies (EDS)

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. ODG identifies that EMG is useful in cases where clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder pain, the right side being more so than the left side. In addition, there is documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, given documentation of an associated request for MR Arthrogram, there is no documentation that the etiology of the radicular symptoms is not explained by other diagnostic studies. Therefore, based on guidelines and a review of the evidence, the request for EMG of the upper extremity as an outpatient is not medically necessary.