

Case Number:	CM14-0201289		
Date Assigned:	12/11/2014	Date of Injury:	07/18/2011
Decision Date:	01/28/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/02/2014

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 Rehab 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:

This 41 year old male was injured 7/18/11 from cumulative trauma. The exact mechanism of injury was not noted. He reported increased symptoms (1/29/14) which included left ankle pain with numbness in the foot and pain intensity 7.5/10; left and right shoulder pain (7-8/10); right and left knee pain (6.5-7/10); right and left wrist pain with pain (7.5-8/10); low back pain 7/10; neck pain (8/10) and pins and needles in the right great toe. Physical exam of bilateral shoulders demonstrated weakness with flexion, abduction and external rotation; there was generalized weakness of bilateral wrists and globally diminished light touch in both hands; lumbar spine demonstrated positive straight leg raise on the left side and Braggard's and Bowstring's sign are also positive on the left; bilateral knees demonstrated tenderness along the anterior aspect and medial joint lines and tenderness along the lateral aspect of the left ankle. Range of motion of cervical, lumbar spine and shoulders were abnormal. Medications include omeprazole, Naproxen and hydrocodone. On 1/29/14 and 10/22/14 laboratory evaluations to determine current level of prescription medications were negative. Diagnoses included status post left ankle crush injury; probable chondromalacia bilateral knees and patella; bilateral knee arthritis; lumbar strain and right brachio plexy. Symptoms continued to increase and MRI (8/11/14) of the right shoulder revealed no evidence of rotator cuff tear, minimal subacromial/ subdeltoid bursitis and minimal glenohumeral joint effusion. He has also had MRI right shoulder (9/8/12); electromyography (EMG) and nerve conduction studies (NCS) of bilateral upper and lower extremities (2012; MRI left shoulder (10/24/12) and MRI of the cervical thoracic and lumbar spine on (1/4/13). Results for above testing were not available. Cervical, bilateral hand and wrist, thoracic and lumbar spine radiographs are unremarkable. There was documentation of the injured worker receiving physical therapy no documentation as to the effect on symptoms. There was no relief of symptoms as of 10/22/14 and an EMG/NCV of both upper and lower extremities was requested.

The injured worker remained off work. On 11/6/14 Utilization Review non-certified the requests for EMG/ NCS of bilateral upper extremities based on no clarification of therapy received and insufficient documentation of positive neurologic exam findings that were consistent with nerve compromise, such as deficits in dermatomal sensation, reflexes or muscle strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: This 41 year old male Polisher sustained an injury on 7/18/11. Diagnoses included status post left ankle crush injury; probable chondromalacia bilateral knees and patella; bilateral knee arthritis; lumbar strain/sprain; and cervical sprain/strain. Conservative care has included medications, therapy, and modified activities/rest. The patient remains off work. Report of 10/22/14 from the provider noted chronic left ankle pain with foot numbness; neck pain radiating to left upper extremity; right shoulder and wrist pain; right and left knee pain; low back pain with pins and needles; and right big toe pain. Exam showed right shoulder weakness with limited range; positive Hawkin's and impingement; bilateral wrists with tenderness and globally diminished light touch in both hands; lumbar spine with positive SLR on left; bilateral knees with tenderness along joint line; and left ankle tenderness along lateral aspect. Treatment plan included EMG/NCS of bilateral upper extremities along with scalene ultrasound. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for EMG has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy. Exam showed only continued diffuse tenderness and globally diminished sensation in both hands without neurological deficits or specific consistent myotomal or dermatomal correlation to support for the electrodiagnostics. There was no documented failed conservative trial for this chronic 2011 injury without new injury or acute changed findings. The EMG right upper extremity is not medically necessary and appropriate.

EMG left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: This 41 year old male Polisher sustained an injury on 7/18/11. Diagnoses included status post left ankle crush injury; probable chondromalacia bilateral knees and patella;

bilateral knee arthritis; lumbar strain/sprain; and cervical sprain/strain. Conservative care has included medications, therapy, and modified activities/rest. The patient remains off work. Report of 10/22/14 from the provider noted chronic left ankle pain with foot numbness; neck pain radiating to left upper extremity; right shoulder and wrist pain; right and left knee pain; low back pain with pins and needles; and right big toe pain. Exam showed right shoulder weakness with limited range; positive Hawkin's and impingement; bilateral wrists with tenderness and globally diminished light touch in both hands; lumbar spine with positive SLR on left; bilateral knees with tenderness along joint line; and left ankle tenderness along lateral aspect. Treatment plan included EMG/NCS of bilateral upper extremities along with scalene ultrasound. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for EMG has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy. Exam showed only continued diffuse tenderness and globally diminished sensation in both hands without neurological deficits or specific consistent myotomal or dermatomal correlation to support for the electrodiagnostics. There was no documented failed conservative trial for this chronic 2011 injury without new injury or acute changed findings. The EMG left upper extremity is not medically necessary and appropriate.

NCV right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: This 41 year old male Polisher sustained an injury on 7/18/11. Diagnoses included status post left ankle crush injury; probable chondromalacia bilateral knees and patella; bilateral knee arthritis; lumbar strain/sprain; and cervical sprain/strain. Conservative care has included medications, therapy, and modified activities/rest. The patient remains off work. Report of 10/22/14 from the provider noted chronic left ankle pain with foot numbness; neck pain radiating to left upper extremity; right shoulder and wrist pain; right and left knee pain; low back pain with pins and needles; and right big toe pain. Exam showed right shoulder weakness with limited range; positive Hawkin's and impingement; bilateral wrists with tenderness and globally diminished light touch in both hands; lumbar spine with positive SLR on left; bilateral knees with tenderness along joint line; and left ankle tenderness along lateral aspect. Treatment plan included EMG/NCS of bilateral upper extremities along with scalene ultrasound. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with peripheral neuropathy or entrapment syndrome, medical necessity for the NCV has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any entrapment syndrome. Exam showed only continued diffuse tenderness and globally diminished sensation in both hands without neurological deficits or specific consistent myotomal or dermatomal correlation to support for the electrodiagnostics. There was no documented failed conservative trial for this chronic injury without new injury or acute changed findings. The NCV right upper extremity is not medically necessary and appropriate.

NCV left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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Decision rationale: This 41 year old male Polisher sustained an injury on 7/18/11. Diagnoses included status post left ankle crush injury; probable chondromalacia bilateral knees and patella; bilateral knee arthritis; lumbar strain/sprain; and cervical sprain/strain. Conservative care has included medications, therapy, and modified activities/rest. The patient remains off work. Report of 10/22/14 from the provider noted chronic left ankle pain with foot numbness; neck pain radiating to left upper extremity; right shoulder and wrist pain; right and left knee pain; low back pain with pins and needles; and right big toe pain. Exam showed right shoulder weakness with limited range; positive Hawkin's and impingement; bilateral wrists with tenderness and globally diminished light touch in both hands; lumbar spine with positive SLR on left; bilateral knees with tenderness along joint line; and left ankle tenderness along lateral aspect. Treatment plan included EMG/NCS of bilateral upper extremities along with scalene ultrasound. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with peripheral neuropathy or entrapment syndrome, medical necessity for the NCV has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any entrapment syndrome. Exam showed only continued diffuse tenderness and globally diminished sensation in both hands without neurological deficits or specific consistent myotomal or dermatomal correlation to support for the electrodiagnostics. There was no documented failed conservative trial for this chronic injury without new injury or acute changed findings. The NCV left upper extremity is not medically necessary and appropriate.