

Case Number:	CM14-0024408		
Date Assigned:	06/11/2014	Date of Injury:	08/02/2011
Decision Date:	10/05/2015	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/26/2014

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 63 year old male who sustained an industrial injury on 08-02-11. Initial complaints and diagnoses are not available. Treatments to date include arthroscopic right shoulder surgery, bilateral carpal tunnel releases, trigger thumb and ring trigger finger releases, medications, and physical therapy. Diagnostic studies are not addressed. Current complaints include pain in the right shoulder. Current diagnoses include cervical arthrosis-radiculopathy, bilateral thumb carpal metacarpal arthrosis, and left long finger flexor tenosynovitis. In a progress note dated 10/31/13, the only medical records available for review in the submitted documentation, the treating provider reports the plan of care as additional physical therapy and ongoing treatment of the cervical spine. The requested treatments include a MRI of the cervical spine and electrodiagnostic and nerve conduction studies of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) of the upper extremities: 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 8 Neck and Upper Back Complaints Page(s): 178-182.

Decision rationale: This 63 year old male has complained of right shoulder pain, wrist pain and hand pain since date of injury 8/2/2011. He has been treated with surgery, physical therapy and medications. The current request is for EMG of the upper extremities. The available medical records do not document any new injuries, symptoms or physical examination findings since the previous study which would indicate the necessity of obtaining a repeat EMG of the bilateral upper extremities. On the basis of the MTUS guidelines cited above and the available provider documentation, EMG of the bilateral upper extremities is not indicated as medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, 112th edition (Web 2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: This 63 year old male has complained of right shoulder pain, wrist pain and hand pain since date of injury 8/2/2011. He has been treated with surgery, physical therapy and medications. The current request is for an MRI of the cervical spine. The available medical records show a request for MRI of the cervical spine without any new patient symptomatology, physical exam findings or rationale for the above requested testing. Per the MTUS guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/or in the absence of red flag symptoms is not indicated. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, MRI of the cervical spine is not indicated as medically necessary.

NCV (Nerve Conduction Velocity) study of the upper extremities: 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 8 Neck and Upper Back Complaints Page(s): 178-182.

Decision rationale: This 63 year old male has complained of right shoulder pain, wrist pain and hand pain since date of injury 8/2/2011. He has been treated with surgery, physical therapy and medications. The current request is for NCV of the upper extremities. The available medical records do not document any new injuries, symptoms or physical examination findings since the previous study which would indicate the necessity of obtaining a repeat NCV of the bilateral upper extremities. On the basis of the MTUS guidelines cited above and the available provider documentation, NCV of the bilateral upper extremities is not indicated as medically necessary.

