MAXIMUS Federal Services

Case Number:	CM14-0074384		
Date Assigned:	07/16/2014	Date of Injury:	12/05/2012
Decision Date:	01/05/2015	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/21/2014

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 Occupational Medicine 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 is a 63-year-old female with a 12/5/12 date of injury, when she was being assaulted. The patient underwent a cervical fusion and a cervical spine revision surgery on 3/12/13 and left shoulder arthroscopy on 12/3/13. The patient was seen on 5/13/14 for the follow up visit after the left shoulder arthroscopy. The patient reported less pain and better motion in the shoulder and stated that still had pain with movement of her arm. The patient also reported numbness in the hand with overhead movements and "buzzing" in the fingers, usually in the thumb, the index finger, and the long finger on the left side. Exam findings of the left shoulder revealed forward flexion 170 degrees, abduction 130 degrees with pain, external rotation 80 degrees and internal rotation up to the L2. The strength of the external rotation was 5/5 and the supraspinatus test was negative with normal strengths. The examination of the left wrist revealed full range of motion, no evidence of instability and normal neurovascular exam. The sensation was intact and the strength was 5/5 in all muscle groups. The diagnosis is cervical degenerative disc disease, spondylolisthesis, cervicalgia, osteoarthritis and possible carpal tunnel syndrome. Radiographs of the cervical spine dated 3/6/14 reveled Anterior Cervical Discectomy & Fusion (ACDF) at C4/5, interbody graft and anterior plate well positioned, unchanged from prior film, intact fusion. Magnetic resonance imaging (MRI) of the cervical spine dated 1/16/13 (the report was not available for the review) reveled: a C4/5 2.5 mm left paracentral disc extrusion with migration behind C4; right facet hypertrophy with right NF stenosis; C5/6, C6/7 fusion; normal appearance of the spinal cord. MRI of the left shoulder dated 7/12/13 (the report was not available for the review) showed: a type 2 acromion with slight lateral down sloping; acromioclavicular (AC) joint, Degenerative joint disease (DJD), AC joint spur impingement on the supraspinatus muscle; increased signal in the rotator cuff consistent with rotator cuff tendonitis but no tear. Per the reviewer's note: the Electromyogram (EMG) and Nerve Conduction Velocity (NCV) Studies of

the left upper extremity dated 2/6/13 noted conclusion of the left upper extremity and cervical studied were normal. The note stated that the patient declined the right side examination due to a history of previous lymph abnormalities on this site. Treatment to date: left shoulder arthroscopy, 2 cervical fusions, work restrictions, PT and medications. An adverse determination was received on 5/20/14 for a lack of neurologic dysfunction and abnormal physical exam findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) left shoulder with IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Shoulder Chapter, MRI)

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, Official Disability Guidelines (ODG) criteria for shoulder magnetic resonance imaging (MRI) include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. An MRI of the left shoulder dated 7/12/13 was consistent with rotator cuff tendonitis and the patient underwent the left shoulder arthroscopic surgery on 12/3/13. The physical examination of the left shoulder performed on 5/13/14 revealed forward flexion 170 degrees, abduction 130 degrees, external rotation 80 degrees and internal rotation up to the level of L2. The strength of the external rotation was 5/5 and the supraspinatus test was negative with normal strength. During the encounter the patient complained of pain with movement of her arm and reported numbness in the hand with overhead movements. However, the plain radiographs of the left shoulder were not available for the review. In addition, the physical examination did not reveal any red flag conditions or physiologic evidence of tissue insult or neurologic dysfunction. Therefore, the request for Magnetic Resonance Imaging (MRI) left shoulder with IV sedation was not medically necessary.

Electromyogram (EMG) bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Low Back Chapter EMG/NCV)

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four

weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. However there is a lack of documentation indicating subjective and objective complaints to the lower back and lower extremities. In addition, there is no rationale with regards to the necessity for an EMG of the bilateral lower extremities for the patient. Therefore, the request for Electromyogram (EMG) bilateral lower extremities was not medically necessary.

Electromyogram (EMG) bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) criteria for EMG of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. The progress note dated 5/13/14 indicated that the patient reported numbness in the hand with overhead movements and "buzzing" in the fingers, usually in the thumb, the index finger, and the long finger on the left side. However, there is a lack of documentation indicating objective findings of radiculopathy in the bilateral upper extremities. In addition, it was noted that the patient underwent an EMG testing of the left upper extremity on 2/6/13. Therefore, the request for Electromyogram (EMG) bilateral upper extremities was not medically necessary.

Nerve Conduction Study both lower extremities:

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Low Back Chapter EMG/NCV)

Decision rationale: Official Disability Guidelines (ODG) states that Nerve conduction studies (NCS) are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. However there is a lack of documentation indicating subjective and objective complaints to the lower back and lower extremities. In addition, there is no rationale with regards to the necessity for a NCS of the bilateral lower extremities for the patient. Therefore, the request for Nerve Conduction Study (NCS) of bilateral lower extremities was not medically necessary.

Nerve Conduction Study both upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) criteria for Nerve Conduction Velocity (NCV) studies of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. The progress note dated 5/13/14 indicated that the patient reported numbness in the hand with overhead movements and "buzzing" in the fingers, usually in the thumb, the index finger, and the long finger on the left side. However, there is a lack of documentation indicating objective findings of radiculopathy in the bilateral upper extremities. In addition, it was noted that the patient underwent a NCS testing of the left upper extremity on 2/6/13. Therefore, the request for Nerve Conduction Study (NCS) of the bilateral upper extremities was not medically necessary.