

<b>Case Number:</b>	CM14-0080560		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/11/2010
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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, has a subspecialty in Interventional spine 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:

The patient is a 47 year old female with an injury date of 08/11/10. Based on progress report dated 04/24/14, the patient has pain in right knee, right shoulder, and right wrist. Physical examination reveals pain upon palpation over the right shoulder and carpal tunnel region. There is positive reverse Phalen's test on the right along with slight shoulder impingement on the right. In progress report dated 03/04/14, the patient complains of pain in the left side of her head, and has been diagnosed with unspecified occipital neuralgia, cervicgia, and myalgia/myositis. The patient is taking Ibuprofen to manage her pain, as per progress report dated 04/24/14. The patient has also received cervical facet radiofrequency with 50% relief and a TENS unit, as per progress report dated 09/25/13. MRI of Cervical Spine, 08/21/13:- Stable predominantly mid and lower cervical small disc osteophyte complexes- Uncovertebral and facet arthropathy- Neural foraminal perineural cysts causing varying degrees of neural foraminal narrowingDiagnoses, 04/24/14:- Pain shoulder joint- Pain limbThe treating physician is requesting for (a) MRI OF THE RIGHT SHOULDER W/O CONTRAST (b) EMG RIGHT UPPER EXTREMITY. The utilization review determination being challenged is dated 05/07/14. The rationale follows:(a) MRI OF THE RIGHT SHOULDER W/O CONTRAST - The rationale was that the patient has not had any radiographs and conservative therapy. Additionally, "...there are no findings specifically identifying either a rotator cuff tear, impingement, instability or labral tear." (b) EMG RIGHT UPPER EXTREMITY - The request has been modified to NCS of the right upper extremity.Treatment reports were provided from 08/19/13 - 06/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI right shoulder w/o contrast:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Shoulder Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208, Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Shoulder chapter, MRI.

**Decision rationale:** The patient presents with pain in right knee, right shoulder, and right wrist along with pain upon palpation over the right shoulder and carpal tunnel region, as per progress report dated 04/24/14. The request is for MRI OF THE RIGHT SHOULDER W/O CONTRAST .ACOEM Guidelines has the following regarding shoulder MRI on pages 207-208, "Routine testing (laboratory test, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raise a suspicion of a serious shoulder condition or referred pain." ACOEM Guidelines page 207-208 continue to state that the primary criteria for ordering imaging studies include: 1.) emergence of red flags; 2.) physiologic evidence of tissue insult; 3.) failure to progress in strengthening program; and 4) clarification of anatomy prior to an invasive procedure. ODG Guidelines under shoulder chapter supports MRI of the shoulder if conservative measures have failed and rotator cuff/labral tear are suspected. In progress report dated 04/24/14, the treating physician recommends MRI of the right shoulder because the patient "has slight shoulder impingement signs on the right." Review of progress reports does not reflect prior right shoulder MRI. The patient's injury dates back to 2010 and likely has had adequate trial of conservative care. Given the patient's persistent symptoms, and no prior MRI, the request IS medically necessary.

**EMG Right upper extremity:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Carpal Tunnel Syndrome

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

**Decision rationale:** The patient presents with pain in right knee, right shoulder, and right wrist along with pain upon palpation over the right shoulder and carpal tunnel region, as per progress report dated 04/24/14. The request is for EMG right upper extremity. For EMG of the upper extremities, the ACOEM Guidelines page 262 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The ODG guidelines, chapter 'Pain (Chronic)' and topic 'Electrodiagnostic testing (EMG/NCS)', EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already

clinically obvious. For EMG, ACOEM Guidelines page 303 states, "Electromyography including H-reflex test may be useful to identify subtle, focal neurologic dysfunction, patient with low back pain lasting more than 3 or 4 weeks." The patient received an EMG on 05/14/14 (after the UR date) which revealed normal nerve conduction study for the right upper extremity. The progress report with the request, dated 04/24/14, provides very little information. There is no documentation of abnormal sensory examination or conservative care. However, the treating physician states that the patient "has had positive signs of carpal tunnel syndrome." Electrodiagnostic studies can help differentiate between CTS and cervical radiculopathy. Hence, an EMG study would have been beneficial at that stage and was medically necessary.