

Case Number:	CM15-0136634		
Date Assigned:	07/24/2015	Date of Injury:	06/10/2012
Decision Date:	08/21/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/14/2015

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: California

Certification(s)/Specialty: Emergency Medicine

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 58-year-old female, who sustained an industrial injury on 6/10/12. She had initial complaints of neck, right shoulder, right wrist and right hand injuries. The diagnoses have included sprain of shoulder and arm, sprain of neck, cervical spine myalgia, right carpal tunnel syndrome, lumbar radiculitis, cervical radiculopathy, bilateral shoulder sprain and sleep disturbance. Treatment to date has included medications, activity modifications, diagnostics, surgery, injections, chiropractic, physical therapy and other modalities. Currently, as per the physician Chiropractic Panel Qualified Medical Reevaluation progress note dated 5/12/15, the injured worker complains of cervical spine pain with radiation of pain from neck into arms and tingling sensation in the hands. She has bilateral shoulder pain with numbness and clicking and grinding in the left shoulder. She complains of numbness in the bilateral hands with pain, achiness in the lumbar spine, and sleep disturbance due to pain. The physical exam reveals cervical spine has positive axial compression test on the right and C5-C7 dermatome assessment is abnormal. There is decreased range of motion in the bilateral shoulders. There is positive Neer test, Hawkin's test and active compression test on the right. The wrist/hand orthopedic tests reveal that there is a positive Tinel's carpal tunnel test and positive Phalen's sign. There is no previous therapy sessions noted and there is no previous diagnostics noted. Work status is permanent and stationary. The physician requested treatments included 1 neuro consultation and 1 electromyography (EMG) / nerve conduction velocity studies (NCV) of upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 neuroconsultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196; 209-210.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, page 1, Part 1: Introduction Page(s): 1.

Decision rationale: The requested 1 neuroconsultation, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states, "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has cervical spine pain with radiation of pain from neck into arms and tingling sensation in the hands. She has bilateral shoulder pain with numbness and clicking and grinding in the left shoulder. She complains of numbness in the bilateral hands with pain, achiness in the lumbar spine, and sleep disturbance due to pain. The physical exam reveals cervical spine has positive axial compression test on the right and C5-C7 dermatome assessment is abnormal. There is decreased range of motion in the bilateral shoulders. There is positive Neer test, Hawkin's test and active compression test on the right. The wrist/hand orthopedic tests reveal that there is a positive Tinel's carpal tunnel test and positive Phalen's sign. There is no previous therapy sessions noted and there is no previous diagnostics noted. The treating physician has not documented physical therapy trials. The criteria noted above not having been met, 1 neuro consultation is not medically necessary.

1 EMG/ NCV of upper and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178; 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The requested 1 EMG/ NCV of upper and lower extremities, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, page 177-179, Special Studies and Diagnostic and Treatment Considerations, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has cervical spine pain with radiation of pain from neck into arms and tingling sensation in the hands. She has bilateral hands. She has bilateral shoulder pain with numbness and clicking and grinding

hands. She has bilateral shoulder pain with numbness and clicking and grinding in the left shoulder. She complains of numbness in the bilateral hands with pain, achiness in the lumbar spine, and sleep disturbance due to pain. The physical exam reveals cervical spine has positive axial compression test on the right and C5-C7 dermatome assessment is abnormal. There is decreased range of motion in the bilateral shoulders. There is positive Neer test, Hawkins's test and active compression test on the right. The wrist/hand orthopedic tests reveal that there is a positive Tinel's carpal tunnel test and positive Phalen's sign. There is no previous therapy sessions noted and there is no previous diagnostics noted. The treating physician has not documented physical therapy trials. The criteria noted above not having been met, 1 EMG/NCV of upper and lower extremities is not medically necessary.