

Case Number:	CM15-0147010		
Date Assigned:	08/07/2015	Date of Injury:	01/12/2015
Decision Date:	09/09/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/28/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 65 year old male, who sustained an industrial injury on 1-12-2015, when assisting a patient in bed. The injured worker was diagnosed as having cervical radiculopathy, bilateral shoulder impingement with degenerative joint disease, left wrist tendinitis-bursitis, thoracic strain-sprain, and lumbosacral radiculopathy with spondylolisthesis per radiographic study. Treatment to date has included diagnostics and medications. Currently (6-22-2015), the injured worker complains of constant aching in the neck, traveling to his arms and hands. He also reported episodes of numbness and tingling in his arms and hands. He had frequent headaches and weakness in his arms and hands. He had difficulty sleeping and complained of anxiety and stress due to his pain and not being able to function at his fullest capacity. He was currently working full duty. He complained of aching in his left shoulder and bicep, traveling to his arm and hand. He also reported a clicking sensation in the bicep, as well as grinding of the shoulder. He also complained of stiffness to his shoulder and weakness in the left shoulder and arm. Right shoulder complaints included stiffness and weakness. Left wrist-hand complaints included aching, with associated numbness and tingling, and weakness of the left hand. Upper and lower back complaints included pain with radiation to the legs and feet, with weakness in the legs. His pain levels were variable and he used Ibuprofen for temporary pain relief. X-rays of the cervical spine, bilateral shoulders, and lumbar spine were obtained and reviewed. The treatment plan included physiotherapy, neurodiagnostic studies of the upper extremities, and computerized tomography of the cervical spine and left shoulder. Physical examination of the of the cervical spine revealed tenderness on palpation, limited range of motion, muscle spasm, and decreased

sensation in C5-6 dermatome. Physical examination of the left shoulder revealed positive impingement and Hawkin sign, 4/5 strength, limited range of motion and tenderness on palpation. The patient had received an unspecified number of PT visits for this injury. The patient has had X-ray of left shoulder that revealed osteoarthritis of AC joint and X-ray of cervical spine that revealed prior fusion. The patient sustained the injury when a patient pulled him by left arm. The medication list include Ibuprofen. The patient's surgical history include bilateral TKR in 2006, left shoulder surgery in 1993 and cervical fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral Upper Extremities: Overturned

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: Request EMG/NCV Bilateral Upper Extremities. Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." "The injured worker was diagnosed as having cervical radiculopathy, bilateral shoulder impingement with degenerative joint disease, left wrist tendinitis-bursitis, thoracic strain-sprain, currently (6-22-2015), the injured worker complains of constant aching in the neck, traveling to his arms and hands. He also reported episodes of numbness and tingling in his arms and hands. He had frequent headaches and weakness in his arms and hands. He complained of aching in his left shoulder and bicep, traveling to his arm and hand. He also reported a clicking sensation in the bicep, as well as grinding of the shoulder. He also complained of stiffness to his shoulder and weakness in the left shoulder and arm. Left wrist-hand complaints included aching, with associated numbness and tingling, and weakness of the left hand. Physical examination of the of the cervical spine revealed tenderness on palpation, limited range of motion, muscle spasm, and decreased sensation in C5-6 dermatome. The pt could have peripheral neuropathy or cervical radiculopathy. It is necessary to do electro-diagnostic studies to find out the exact cause of the neurological symptoms in the upper extremities. Electrodiagnostic studies would help to clarify the exact cause of the neurological symptoms and also would help to identify the level at which nerve root impingement may be occurring. This information would guide further management. The request for EMG/NCV Bilateral Upper Extremities is medically appropriate and necessary for this patient at this time.

CT Scan of left shoulder without dye: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 08/06/15) Computed tomography (CT).

Decision rationale: CT Scan of left shoulder without dye. According to ACOEM guidelines cited below, "for most patients, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out." Criteria for ordering imaging studies are: Emergence of a red flag; e.g., indications of intra abdominal or cardiac problems presenting as shoulder problems; "Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery.; Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." In addition as per cited guidelines "Indications for imaging -- Computed tomography (CT):- Suspected tears of labrum - Plain x-ray, then CT - Full thickness rotator cuff tear or SLAP tear clinically obvious or suspected - Plain x-ray and ultrasound, then MRI or CT- Recurrent instability - CT arthrogram (Newberg, 2000)- In proximal humeral fractures when the proximal humerus and the shoulder joint are not presented with sufficient X-ray-quality to establish a treatment plan." The injured worker was diagnosed as having cervical radiculopathy, bilateral shoulder impingement with degenerative joint disease, left wrist tendinitis-bursitis, thoracic strain-sprain. He complained of aching in his left shoulder and bicep, traveling to his arm and hand. He also reported a clicking sensation in the bicep, as well as grinding of the shoulder. He also complained of stiffness to his shoulder and weakness in the left shoulder and arm. Physical examination of the left shoulder revealed positive impingement and Hawkin sign, 4/5 strength, limited range of motion and tenderness on palpation. The patient has had X-ray of left shoulder that revealed osteoarthritis of AC joint . He has a history of left shoulder surgery in the past. The patient has had conservative treatment, oral medications and is still having significant objective findings of the left shoulder. Therefore it is deemed that would be benefitted by a CT Scan of left shoulder without dye. The request for CT Scan of left shoulder without dye is medically necessary and appropriate for this patient at this time.