

<b>Case Number:</b>	CM15-0165093		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	12/24/2013
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 57 year old female who sustained an injury on 12/24/13 resulting from cumulative trauma due to repetitive movements that consisted of packing and sorting carrots. She developed pain in her neck, right shoulder, right elbow and right wrist. She started having difficulties with her hand while grasping, grabbing and gripping item; dropping objects from her right hand and the pain became unbearable. X-rays of the right shoulder, right wrist was taken and she was diagnosed with right shoulder and right wrist, strain, sprain. MRI right shoulder was also performed which revealed partial thickness (75%) of the supraspinatus tendon at the insertion; subacromial narrowing, bursal effusion. Treatment consisted of physical therapy; NSAID's, modified duty and corticosteroid injection and continued to have pain in the right shoulder. Medications include Ibuprofen and Hydrocodone 325 mg. On 3-10-15 right shoulder rotator cuff tendon tear was performed. The secondary treating report dated 4-20-15 state the surgical incisions are healed; no swelling and the IW has mild to moderate pain with palpation over the anterior shoulder; continue with ice, heat and medication as necessary. Physical therapy was being recommended for shoulder range of motion exercises. Orthopedic evaluation 5-4-15 reports treatment plan is to continue the use of ice, heat and take medications. She was fitted with the Dynasplint and work status is total temporary disability. Discontinue taking Zanaflex as it may be causing the constipation. Diagnoses include spinal stenosis in the cervical region; spasm of the muscle; cervicalgia, pain in joint, right shoulder region; right elbow lateral epicondylitis; right elbow pain; right wrist sprain, strain; constipation. Current requested treatments one follow up with doctor for management of symptoms related to pain in limb, as an

outpatient; one electromyography and, or nerve conduction velocity studies of the right upper extremities related to pain in limb, as an outpatient.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One follow-up with doctor for management of symptoms related to pain in limb, as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

**Decision rationale:** Pursuant to the Official Disability Guidelines, one follow-up with doctor for management of symptoms related to pain in limb as an outpatient is not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the injured worker's working diagnosis is pain in limb. Date of injury is December 24, 2013. Request for authorization is dated July 16, 2015. The documentation shows the entry worker underwent right shoulder arthroscopy with acromioplasty and rotator cuff repair March 10, 2015. According to a July 15, 2015 new patient evaluation, you could worker was referred for evaluation of right hand atrophy. Additional complaints were neck pain. Objectively, motor examination was normal, sensory examination was intact and range of motion was decreased in the right shoulder (specifics not documented). There was no documentation objectively of an atrophic right-hand. The requesting provider ordered EMGs and nerve conduction studies of the bilateral upper extremities. The RFA contains a request for EMG and/or NCV of the right upper extremity related to pain. There is no objective evidence of radiculopathy in the upper extremities. There is no clinical indication or rationale for EMG or NCV of the right or left upper extremities. As a result of the normal physical examination, there was no clinical indication for one follow-up with the provider for management of symptoms related to pain in the limb. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and an unremarkable physical examination with no evidence of atrophy or radiculopathy of the upper extremities, one follow-up with doctor for management of symptoms related to pain in limb as an outpatient is not medically necessary.

**One electromyography and/or nerve conduction velocity studies of the right upper extremities related to pain in limb, as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS 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 (ODG) Neck section, EMG/NCV.

**Decision rationale:** Pursuant to the Official Disability Guidelines, one EMG and/or NCV right upper extremity related to pain in the limb, as an outpatient is not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathies if other diagnoses may be likely based on physical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic property or some problem other than cervical radiculopathy. In this case, the injured worker's working diagnosis is pain in limb. Date of injury is December 24, 2013. Request for authorization is dated July 16, 2015. The documentation shows the entry worker underwent right shoulder arthroscopy with acromioplasty and rotator cuff repair March 10, 2015. According to a July 15, 2015 new patient evaluation, you could worker was referred for evaluation of right hand atrophy. Additional complaints were neck pain. Objectively, motor examination was normal, sensory examination was intact and range of motion was decreased in the right shoulder (specifics not documented). There was no documentation objectively of an atrophic right-hand. The requesting provider ordered EMGs and nerve conduction studies of the bilateral upper extremities. The RFA contains a request for EMG and/or NCV of the right upper extremity related to pain. There is no objective evidence of radiculopathy in the upper extremities. There is no clinical indication or rationale for EMG or NCV of the right or left upper extremities. As a result of the normal physical examination, there was no clinical indication for one follow-up with the provider for management of symptoms related to pain in the limb. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and an unremarkable physical examination with no evidence of atrophy or radiculopathy of the upper extremities, one EMG and/or NCV right upper extremity related to pain in the limb, as an outpatient is not medically necessary.