

Case Number:	CM15-0203238		
Date Assigned:	10/19/2015	Date of Injury:	12/04/2013
Decision Date:	12/01/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/15/2015

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: Arizona, 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 54 year old female, who sustained an industrial injury on 12-4-13. The injured worker was diagnosed as having cervical spine herniated nucleus pulposus; cervical spine degenerative disc disease; left shoulder sprain-strain; ;left shoulder acromioclavicular joint arthrosis; left shoulder tendonitis; left shoulder bursitis; left shoulder tenosynovitis; left shoulder rotator cuff tear; left elbow lateral epicondylitis; left elbow joint osteoarthritis; left wrist De Quervain's tenosynovitis; left wrist triangular fibrocartilage tear. Treatment to date has included status post left shoulder arthroscopy with synovectomy, labral debridement, subacromial decompression; rotator cuff repair (11-6-14); physical therapy; medications. Diagnostics studies included MRI left shoulder (1-22-15); MRI right shoulder (4-4-15); MRI left elbow (1-22-15); MRI cervical spine (1-22-15). Currently, the PR-2 notes dated 7-15-15 indicated the injured worker presents for a follow-up visit. The injured worker is complaining of burning, radicular neck pain and muscle spasms, greater on the left side. Her pain is described as constant moderate to severe pain. The provider documents her pain "as 7 out of 10 on the pain analog scale." She reports the pain is aggravated by looking up, down and side to side; as well as repetitive motion of the head and neck. It is associated with numbness and tingling of the left upper extremity. The injured worker is a status post left shoulder arthroscopy with synovectomy, labral debridement, subacromial decompression; rotator cuff repair of 11-6-14. The provider notes "The patient rates the pain as 6 out of 10 on a pain analog scale." It is reported as constant moderate to severe and aggravated by gripping, grasping, reaching, pulling, lifting, and doing work at or above the shoulder level. She also complains of burning left elbow and left wrist pain and muscle spasms.

She describes the pain as constant moderate to severe. The provider documents this level of severity as "6 out of 10 on the pain analog scale." Her pain is reported as aggravated by gripping, grasping, reaching, pulling and lifting. She also complains of weakness, numbness, tingling, and pain radiating to the hand and fingers. She reports the symptoms persist but medications do offer her temporary relief and improve her ability to have restful sleep. On physical examination the provider notes "tenderness to palpation more on the left at the occiputs, trapezius, sternocleidomastoids and levator scapula muscles. He notes some limitations with her range of motion. She has a well healed surgical scar with no signs of infection or swelling noted. There is tenderness at the delto-pectoral groove and at the insertion of the supraspinatus muscle. He notes limitations of the left shoulder range of motion with Neer's impingement sing as positive. A MRI of the left shoulder dated 1-22-15 reveals: 1) Residuals of shoulder surgery including suture anchor placement in the humeral head. 2) Supraspinatus partial tendon tear, muscle atrophy. 3) Infrapinatus partial tendon tear. 4) Glenohumeral joint effusion. 5) Subacromial subdeltoid bursitis. 6) horizontal segment biceps tendinosis versus partial tendon tear, tenosynovitis. 7) AC joint osteoarthritis." A Request for Authorization is dated 10-15-15. A Utilization Review letter is dated 9-11-15 and non-certification for EMG-NCV study Right Upper Extremity. Please note, Utilization review did authorize an EMG-NCV study of the Left Upper Extremity. A request for authorization has been received for EMG-NCV study Right Upper Extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV Right Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Shoulder Complaints 2004, Section(s): Special Studies, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter and pg 38.

Decision rationale: An NCV is 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-neuropathic processes if other diagnoses may be likely based on the clinical exam. In this case, the claimant's cervical MRI indicate nerve root compromise at multiple levels bilaterally (C4-C7) but only on the left side at C3-C4. Examination findings indicated decreased sensation to light touch in the left upper extremity and decreased strength in all muscle groups of the left upper extremity. Since there are abnormalities on examination on the left side but imaging findings impacting nerve roots bilaterally, the NCV coupled with the EMG below of the right arm is appropriate.

EMG Right Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Shoulder Complaints 2004, Section(s): Special Studies, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter and pg 38.

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An EMG/NCV is recommended for ulnar impingement after failure of conservative treatment. It is not recommended for routine evaluation of nerve entrapment without symptoms. In this case, the claimant's cervical MRI indicate nerve root compromise at multiple levels bilaterally (C4-C7) but only on the left side at C3-C4. Examination findings indicated decreased sensation to light touch in the left upper extremity and decreased strength in all muscle groups of the left upper extremity. Since there are abnormalities on examination on the left side but imaging findings impacting nerve roots bilaterally, the EMG of the right arm with the NCV above is appropriate.