

Case Number:	CM15-0020162		
Date Assigned:	02/09/2015	Date of Injury:	02/24/2014
Decision Date:	04/03/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/03/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44-year-old female who reported an injury on 02/24/2014. The mechanism of injury was unspecified. Her diagnoses include complex regional pain syndrome of the right hand, right de Quervain's tenosynovitis, cervical strain, myofascial pain and radiculitis, and lumbar strain with myofascial pain with left radiculitis. Her past treatments include chiropractic treatment, nerve block, and medications. Diagnostic studies include a right hand x-ray performed on 06/04/2014 which revealed dorsal soft tissue swelling without evidence of acute fracture. On 01/20/2015, the injured worker complained of pain in the right upper extremity. The injured worker also complained of stiffness in the neck, along with pain in the right shoulder, worsening with reaching, pulling, pushing, and most activities. The pain score was indicated to be 7/10 to 10/10. The physical examination revealed guarded movement of the right upper extremity. Tenderness of the anterior right shoulder with rotator cuff weakness and improvement sign. There was also noted allodynia of the right upper extremity with mild paracervical spasms and myofascial tenderness. Range of motion for the shoulder, cervical, and lumbar have not changed. The injured worker had a negative straight leg raise bilaterally. The treatment plan included an electromyography (EMG)/nerve conduction velocity (NCV) of the upper extremities and MRI of the right shoulder. A rationale was not provided. A Request for Authorization form was submitted on 01/22/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG)/Nerve Conduction Velocity (NCV) of Upper Extremities:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 178; 207.

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

Decision rationale: The request for electromyography (EMG)/nerve conduction velocity (NCV) of upper extremities is not medically necessary. According to the California MTUS/ACOEM Guidelines, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of a tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of an anatomy prior to an invasive procedure. Furthermore, the guidelines indicate that EMG/NCV studies are indicated to help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 to 4 weeks. The injured worker was indicated to have chronic cervical, shoulder, and lumbar pain. However, there was a lack of documentation to indicate significant tissue insult or neurologic dysfunction, as well as lack of an emergence of any red flags. There was also a lack of documentation to indicate the injured worker has failed to progress in a strengthening program intended to avoid surgery. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

MRI Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 178; 207.

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

Decision rationale: The request for MRI right shoulder is not medically necessary. According to the California MTUS/ACOEM Guidelines, MRIs are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and a need for clarification of an anatomy prior to an invasive procedure. Furthermore, the guidelines state that MRIs may be warranted if there is physiologic evidence indicating tissue insult or nerve impairment of neural or soft tissue. The injured worker was indicated to have chronic neck, shoulder, and lumbar spine pain. However, there was a lack of documentation upon physical examination to indicate the injured worker had physiologic evidence of tissue insult or nerve impairment. In addition, there was a lack of documentation the injured worker

had undergone a period of conservative care and observation. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.