

<b>Case Number:</b>	CM15-0031711		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	06/21/2013
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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:

This 68 year old male sustained an industrial injury on 6/21/13. He subsequently reports ongoing right shoulder, arm and wrist pain. Diagnoses include adhesive capsulitis of the shoulder, tendonitis and osteoarthritis of the shoulder. The injured worker underwent shoulder surgery in December 2014 and carpal tunnel surgery in January 2014. Treatments to date have included prescription pain medications. On 2/10/15, Utilization Review non-certified requests for Ultrasound guided injection of the right shoulder (Dexamethasone 2cc; Lidocaine 1cc) and NCV (nerve conduction velocity) of the right upper extremity, with left upper extremity for comparison. The Ultrasound guided injection of the right shoulder (Dexamethasone 2cc; Lidocaine 1cc) and NCV (nerve conduction velocity) of the right upper extremity, with left upper extremity for comparison were denied based on MTUS ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guided injection of the right shoulder (Dexamethasone 2cc; Lidocaine 1cc):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Ultrasound, diagnostic.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, ultrasound guided injection to the right shoulder (dexamethasone 2 cc and lidocaine 1 mL) was not necessary. In the shoulder conventional anatomical guidance by an experienced clinician is generally adequate. While ultrasound guidance may improve the accuracy of injection to the putative site of pathology in the shoulder, it is not clear that this improves its efficacy. In this case, the injured worker's working diagnoses are status post right shoulder arthroscopy with extensive debridement of the rotator cuff and labrum, distal clavicle resection, subacromial depression December 4, 2014; and status post carpal tunnel release right wrist January 2014. The guidelines indicate conventional anatomical guidance is generally adequate for providing injections to the shoulder. Ultrasound guidance is not clinically indicated. Consequently, pursuant to the recommended Official Disability Guidelines, ultrasound guided injection to the right shoulder is not medically necessary.

**NCV (nerve conduction velocity) of the right upper extremity, with left upper extremity for comparison:** 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, NCV of the right upper extremity and left upper extremity for comparison is not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings that identifies 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 diagnoses are status post right shoulder arthroscopy with

extensive debridement of the rotator cuff and labrum, distal clavicle resection, subacromial depression December 4, 2014; and status post carpal tunnel release right wrist January 2014. Subjectively, the injured worker complains of numbness and tingling in the right upper back, right forearm and the entire right-hand. Objectively, sensory examination is normal; there is a positive Tinel's and Phalen's of the right wrist with no atrophy, strength is normal. The ACOEM states unequivocal findings that identify specific nerve compromise are sufficient evidence to warrant imaging if symptoms persist. There are no unequivocal neurologic findings to warrant an electrodiagnostic study. Despite subjective complaints, neurological evaluation involving the right wrist is normal. Additionally, a comparison study of the left upper extremity (with no symptoms or objective findings) is not medically necessary. Consequently, absent clinical documentation with unequivocal neurologic findings with a comparison study of the left upper extremity, NCV of the right upper extremity and left upper extremity for comparison is not medically necessary.