

Case Number:	CM15-0036647		
Date Assigned:	03/05/2015	Date of Injury:	09/12/2013
Decision Date:	04/09/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/26/2015

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 47 year old female who sustained repetitive industrial injuries to her neck and shoulders as a dispatching operator on September 12, 2013. The injured worker was diagnosed with cervical spine musculoligamentous sprain/strain with left upper extremity radiculitis and left shoulder periscapular strain/impingement syndrome. A magnetic resonance imaging (MRI) of the cervical spine and left shoulder (no official radiological report and no date documented) were reported as abnormal including a bone spur at the left shoulder. According to the primary treating physician's progress report on January 15, 2014, the injured worker continues to experience neck pain with stiffness, numbness and tingling down the left upper extremity to the fingers. The examination documented muscle guarding over the cervical paravertebral and upper trapezius muscles. Spurling's maneuver elicits neck pain, numbness and tingling of the left arm to the 3rd, 4th and 5th digits. Active range of motion of the cervical spine is 45 degrees flexion and extension, right rotation at 65 degrees, left rotation at 50 degrees, right lateral flexion at 38 degrees and left lateral flexion at 30 degrees. There was a decrease in sensation along C7 and C8 dermatome distribution. The left shoulder examination documented diffuse tenderness with subacromial crepitus and pain with passive range of motion. The physician documented left shoulder range of motion as flexion at 160 degrees, extension at 35 degrees, abduction at 150 degrees, and adduction at 40 degrees, internal rotation at 70 degrees and external rotation at 65 degrees. Impingement and Cross arm tests were slightly positive. Current medications were not documented. Treatment modalities noted were 5 sessions of physical therapy with temporary relief only and 6 authorized acupuncture therapy sessions. The

injured worker is on temporary total disability (TTD) with modified duties. The treating physician requested authorization for One (1) Electromyography (EMG) /Nerve Conduction Velocity (NCV) of the bilateral upper extremities; One (1) diagnostic ultrasound studies of the left shoulder; One (1) home electrical stimulation unit/interferential unit. On January 28, 2015 the Utilization Review denied certification for One (1) Electromyography (EMG) /Nerve Conduction Velocity (NCV) of the bilateral upper extremities; One (1) diagnostic ultrasound studies of the left shoulder; One (1) home electrical stimulation unit/interferential unit. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator 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 and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation ODG- neck chapter and NCV pg 38.

Decision rationale: According to the guidelines, an EMG is not recommended for diagnosis of nerve root involvement if physical exam and imaging are consistent. It is recommended to clarify nerve root dysfunction in cases of disc herniation- pre-operatively. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs. In this case, there were obvious clinical findings indicating level of involvement and there was no plan for surgery. As a result the request for an EMG/NCV is not medically necessary.

One (1) diagnostic ultrasound studies of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and shoulder chapter and ultrasound pg 42.

Decision rationale: According to the ODG guidelines, the results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears, although ultrasound may be better at picking up partial tears. Ultrasound also may be more cost-effective in a specialist hospital setting for identification of full-thickness tears. In this case, the ultrasound was ordered to determine level of internal derangement rather than evaluating for a

rotator tear. The clinical findings did not suggest a tear. As a result, the ultrasound is not medically necessary

One (1) home electrical stimulation unit/interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS/ IC unit Page(s): 113-117.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The IC unit is also not recommended unless used in conjunction with exercise and other therapies such as TENS. The length of use was not specified. The request for a TENS/IC unit is not medically necessary.