MAXIMUS Federal Services

Case Number:	CM14-0130076		
Date Assigned:	08/20/2014	Date of Injury:	04/11/2010
Decision Date:	10/24/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/14/2014

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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 65-year-old right-handed female who sustained cumulative trauma injuries from May 26, 2009 up to May 26, 2010 and another separate injury on April 11, 2010 while being employed as a stock clerk. Her medical and surgical histories are significant for hypertension, diabetes, and hysterectomy 15 years ago. She stated that she gradually noticed the pain in the left shoulder, left knee, and left heel which increased in 2009. She was diagnosed with (a) musculoligamentous sprain and strain, left shoulder and (b) musculoligamentous sprain and strain, left knee. In a progress note dated July 8, 2014 it was indicated that she complained of constant pain and discomfort in the left shoulder which she described as aching in nature with associated numbness and tingling sensation. She rated that pain to be at 7 out of 10 on the pain scale which made difficult for her to lift her arm or bring at the above shoulder level. She also complained of constant pain and discomfort in the left knee that she described as aching in nature with associated numbness. She rated the pain to be at 8 out of 10 on the pain scale. Examination of the left shoulder revealed tenderness, limited range of motion in all planes due to pain, decreased muscle strength which was noted to be at 4/5. Examination of the left knee revealed tenderness, normal but painful range of motion. McMurray's test was positive on the left. She was advised to continue with her current pharmacological regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NGS Bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

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

Decision rationale: The medical records received have limited information to support the necessity of electromyogram/nerve conduction velocity studies of the bilateral upper extremities. In addition, objective findings only showed decreased motor strength, tenderness and limited range of motion as signs of "radiculopathy" otherwise normal neurologic findings with symmetric and normoactive reflexes, negative pathological reflexes and normal sensation. In addition evidence-based guidelines provided that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. Therefore, the medical necessity of the requested electromyogram/nerve conduction velocity study of the bilateral upper extremities is not established.

EMG/NGS Bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), conduction studies (NCS)

Decision rationale: The medical records received have limited information to support the necessity of electromyography/nerve conduction studies of the bilateral lower extremities. In addition, there were no subjective and objective findings of neurologic deficits in the right lower extremity to warrant the requested diagnostic exam while the only documented signs of "radiculopathy" in the left lower extremity were tenderness, swelling, decreased muscle strength and limited range of motion. It was also indicated in the progress notes that she was neurologically intact with normal reflexes, pathological reflexes as well as normal sensation in the bilateral lower extremities. In addition, the evidence-guidelines that electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in workers with low back symptoms lasting more than three or four weeks. Therefore, it can be concluded that the medical necessity of the requested electromyography of the left lower extremity is not medically necessary at this time.Furthermore, the Official Disability Guidelines indicated that nerve conduction studies are not recommended. Therefore, it can be concluded that the medical necessity of the requested electromyogram/nerve conduction studies of the bilateral lower extremities are not medically necessary at this time.

MRI , left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: Evidenced-based guidelines indicated that the primary criteria for ordering imaging studies are: (a) Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); (b) Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon), (c) Failure to progress in a strengthening program intended to avoid surgery and (d) Clarification of the anatomy prior to an invasive procedure (e.g., a full-thickness rotator cuff tear not responding to conservative treatment). In this workers case it can be noted that the previous magnetic resonance imaging scans indicated presence of pathological tears causing her continued symptoms of shoulder pain and limited range of motion. These were further corroborated with objective findings of tenderness, limited range of motion and positive orthopedic test as noted in her evaluation dated April 7, 2014, May 5, 2014, and July 8, 2014. There was also an indication in the medical records that the result of the repeat magnetic resonance imaging scan would be necessary before proceeding with the contemplated left shoulder surgery. Therefore, for all these reasons the medical necessity of the requested magnetic resonance imaging scan of the left shoulder is established.