

Case Number:	CM14-0083723		
Date Assigned:	08/06/2014	Date of Injury:	07/07/2013
Decision Date:	10/08/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/05/2014

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 Occupational 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 claimant was injured on 07/07/13 when she was walking down stairs and missed a step, falling forward and injuring her right hand and knees. Electromyography (EMG) and nerve conduction velocity (NCV) of the right upper extremity, magnetic resonance imaging (MRI) of the right wrist and hand, MRI of the thoracic spine, and MRI of the right shoulder are all under review. On 08/03/13, she saw a PA and was diagnosed with a sprain of the right wrist, thoracic strain and right shoulder strain. She has been diagnosed with cervicalgia with cervical disc disease and radiculopathy, rotator cuff strain with biceps tendon tear, a labral tear, and supraspinatus tendinosis. She has had medications and therapy which was of little benefit. An MRI of the right shoulder on 01/02/14 showed supraspinatus and infraspinatus tendinosis, tearing involving the biceps anchor, and superior labral tear. An MRI of the cervical spine on the same day showed disc disease at C3-4 and C4-5 with a C4-5 disc abutting the anterior aspect of the spinal cord. At an initial pain management consultation on 03/11/14, she had tenderness about the shoulder with positive empty can, supraspinatus resistance, and apprehension and Valsalva tests. She had reduced range of motion of the right shoulder. She had no focal neurologic deficits involving the cervical spine. Shoulder injections were recommended. A cervical epidural steroid injection was recommended at C4-5. A thoracic spine MRI dated 03/24/14 showed multilevel disc protrusions with spondylosis at multiple levels. She had a lumbar spine MRI on 03/21/14 that showed disc disease at L2-3 through L5-S1 but no impingement of nerve roots. She saw [REDACTED] on 04/29/14 but no physical examination findings were detailed in the report. Recommendations were made for electrodiagnostic studies and MRIs. Physical therapy was ordered. Of note, on 03/11/14, the pain management consultation does not mention problems with the right wrist and hand. She had difficulty with her activities of daily living (ADLs) but it is not clear what body part was causing the problems.

She complained of pain in her neck and low back. She had intermittent tingling in her neck and right shoulder. Her grip strength was normal and that is the only recorded examination of her upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): EMG (Electro Myography)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The history and documentation do not objectively support the request for an Electromyography (EMG) for the right upper extremity. The California Medical Treatment Utilization Schedule (MTUS) state "criteria for ordering imaging studies are: -Emergence of a red flag -Physiologic evidence of tissue insult or neurologic dysfunction -Failure to progress in a strengthening program intended to avoid surgery -Clarification of the anatomy prior to an invasive procedure Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies 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. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected." In this case, the claimant has already had an MRI and no focal neurologic symptoms or deficits have been documented by physical examination. The indication(s) for this study are not clearly explained and none can be ascertained from the records. It is not clear how this study is likely to change her course of treatment. There is no documentation of a recent physical examination demonstrating neurologic deficits. The medical necessity of this request for an EMG of the right upper extremity has not been clearly demonstrated.

NCV Right Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): NCV Nerve Conduction Velocities

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The history and documentation do not objectively support the request for nerve conduction velocities (NCV) for the right upper extremity. The California Medical Treatment Utilization Schedule (MTUS) state "NCV may be indicated for the evaluation of carpal tunnel syndrome." In this case, there are no focal neurologic symptoms or deficits documented by physical examination and no explanation that carpal tunnel syndrome (CTS) is suspected. The indication(s) for this study are not clearly explained and none can be ascertained from the records. It is not clear how this study is likely to change her course of treatment. There is no documentation of a recent physical examination demonstrating neurologic deficits. The medical necessity of this request for NCV of the right upper extremity has not been clearly demonstrated.

MRI of the Right Wrist and Hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The history and documentation do not objectively support the request for magnetic resonance imaging (MRI) of the right wrist and hand. The California Medical Treatment Utilization Schedule (MTUS) state "MRI may be recommended for the evaluation of carpal tunnel syndrome or infection." In this case, there is no evidence of a trial and failure of a reasonable course of conservative care, including an exercise program, local modalities, and the judicious use of medications. There are no new or progressive focal deficits for which this type of imaging study appears to be indicated. There is no evidence that urgent or emergent surgery is under consideration. It is not clear how this study is likely to change the claimant's course of treatment for her chronic condition. There is no documentation of a recent physical examination demonstrating deficits other than grip strength. The medical necessity of this request for MRI of the right wrist and hand has not been clearly demonstrated.

MRI Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The history and documentation do not objectively support the request for a magnetic resonance imaging (MRI) of the thoracic spine. The California Medical Treatment Utilization Schedule (MTUS) state "criteria for ordering imaging studies are: -Emergence of a red flag -Physiologic evidence of tissue insult or neurologic dysfunction -Failure to progress in a strengthening program intended to avoid surgery -Clarification of the anatomy prior to an invasive procedure Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal

findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies 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. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." In this case, there is no evidence of a trial and failure of a reasonable course of conservative care, including an exercise program, local modalities, and the judicious use of medications. There are no new or progressive focal neurologic deficits involving the thoracic spine for which this type of imaging study appears to be indicated. There is no evidence that urgent or emergent surgery is under consideration. It is not clear how this study is likely to change the claimant's course of treatment for her chronic condition. The medical necessity of this request for MRI of the thoracic spine has not been clearly demonstrated.

MRI Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Chapter 9 Shoulder Complaints. The Expert Reviewer's decision rationale: The history and documentation do not objectively support the request for MRI of the right shoulder. The California Medical Treatment Utilization Schedule (MTUS) state "more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Suspected acute tears of the rotator cuff in young workers may be surgically repaired acutely to restore function; in older workers, these tears are typically treated conservatively at first. Partial-thickness tears should be treated the same as impingement syndrome regardless of magnetic resonance imaging (MRI) findings. Shoulder instability can be treated with stabilization exercises; stress radiographs simply confirm the clinical diagnosis. For patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning. Imaging findings can be correlated with physical findings. Primary criteria for ordering imaging studies are: -Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems) -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) -Failure to progress in a strengthening program intended to avoid surgery. - Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)" In this case, there is no evidence of a trial and failure of a reasonable course of conservative care, including an exercise program, local modalities, and

the judicious use of medications. There are no new or progressive focal deficits for which this type of imaging study appears to be indicated. There is no evidence that urgent or emergent surgery is under consideration. It is not clear how this study is likely to change the claimant's course of treatment for her chronic condition. There is no documentation of a recent physical examination demonstrating deficits involving the shoulder. The medical necessity of this request for MRI of the right shoulder has not been clearly demonstrated.