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| <b>Case Number:</b>   | CM14-0211112 |                              |            |
| <b>Date Assigned:</b> | 12/23/2014   | <b>Date of Injury:</b>       | 11/01/2012 |
| <b>Decision Date:</b> | 02/27/2015   | <b>UR Denial Date:</b>       | 12/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/16/2014 |

### 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. 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: New Jersey

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 worker is a 58 year old female who was injured on 11/01/12 while lifting a box, experiencing pain in her right wrist, hand, middle finger, and right shoulder. EMG/NCV suggested right sided carpal tunnel syndrome. She was diagnosed with carpal tunnel syndrome, rotator cuff syndrome, right wrist extensor flexor tendinitis, right finger tenosynovitis, and right shoulder strain with impingement. She was treated with surgery (carpal tunnel release, rotator cuff repair), medication, bracing, work restrictions, and physical therapy. On 11/13/14, the worker was seen by her treating physician reporting continual right shoulder, elbow, forearm, wrist, and hand pain with stiffness and swelling to third finger. She also reported numbness and tingling in the right upper extremity. Physical findings of the right shoulder included normal symmetry and contour of the right shoulder, tenderness to the periscapular muscles, subacromial region, and AC joint of the right shoulder, right shoulder crepitus, slightly positive impingement test for right shoulder, negative arm drop test, and decreased sensation along the median nerve distribution of the right upper extremity. She was then recommended a diagnostic ultrasound and x-ray of the right shoulder area and electrodiagnostic testing of the right upper extremity to "evaluate for recurrent carpal tunnel syndrome versus continued nerve root compression at the carpal tunnel."

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Diagnostic Ultrasound Study of the Right Shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder section, Ultrasound (diagnostic).

**Decision rationale:** The MTUS ACOEM Guidelines state that special tests for a shoulder injury are rarely helpful in the first month or so after the injury unless a red flag condition is noted or suspected. The ODG states that diagnostic ultrasound of the shoulder may be recommended to help diagnose a rotator cuff tear as it is comparable to MRI for accuracy, but only after failing to improve after 1 month of conservative care. In the case of this worker, there were insufficient subjective complaints or objective findings (provocative testing, etc.) which might have suggested the worker had any rotator cuff tear or related injury to justify imaging such as ultrasound. Therefore, the diagnostic ultrasound seems to be medically unnecessary in this setting.

### **Electromyography/Nerve Conduction Velocity (EMG/NCV) of the Right Upper Extremity (Shoulder): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, early in the course of her treatment, there was EMG/NCV testing which suggested carpal tunnel. Following the surgery, similar but lessened symptoms in the right arm/hand persisted. The physical findings of the requesting physician suggested clear median nerve involvement and not any nerve root impingement. With this clarity, the need for additional testing should be questioned. Therefore, the EMG/NCV testing will be considered medically unnecessary.

### **X-Ray of the Right Shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS Guidelines state that special testing such as x-rays for most patients with shoulder problems are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms and are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition. Muscle strains do not warrant special testing. X-rays of the shoulder might be indicated to evaluate before or after a dislocation or for a suspected fracture. In this case, the worker was experiencing primarily wrist and hand pain suggestive of carpal tunnel syndrome as well as shoulder pain. However, there was no subjective or objective evidence or any history which suggested the worker had a dislocation or fracture or any other red flag diagnosis which required x-ray imaging of the right shoulder area. Therefore, the x-ray of the right shoulder will be considered medically unnecessary.