MAXIMUS Federal Services

Case Number:	CM15-0013574		
Date Assigned:	02/02/2015	Date of Injury:	07/29/2014
Decision Date:	03/24/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/23/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 34 year old female sustained an industrial injury to the left shoulder on 7/29/14. The injured worker was diagnosed with left shoulder strain. Treatment included medications and steroid injections. An orthopedic surgeon recommended surgical repair. The injured worker requested a second opinion. In an initial orthopedic consultation dated 1/6/15, the injured worker complained of pain around the left shoulder and shoulder blade with radiation, numbness and tingling from the neck down to the mid arm. The injured worker rated the pain 6-10/10 on the visual analog scale. Physical exam was remarkable for decreased range of motion to the left shoulder, tenderness to palpation to the subacromial joint and periscapular area with spasms to the periscapular area. Neer impingement, Hawkins and Spurling tests were positive. The injured worker held her left shoulder in a guarded position that was forward flexed and adducted. Rotator cuff strength was 3/5. Sensory exam to the shoulder was normal. The physician noted that x-rays were negative and magnetic resonance imaging of the left shoulder was essential negative except for mild impingement from a down sloping acromion. The physician's impression was impingement syndrome, scapular dysfunction and possible cervical disc disease. The treatment plan included magnetic resonance imaging cervical spine, EMG/NCV of the left upper extremity and physical therapy. On 1/16/15, Utilization Review noncertified a request for magnetic resonance imaging cervical spine and EMG/NCV Left Upper Extremity citing ACOEM and CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Neck & upper back chapter, MRI

Decision rationale: The patient presents with pain and weakness in her left shoulder and left upper extremity. The request is for MRI OF THE CERVICAL SPINE. The patient previously has had MRI of the left shoulder on 10/18/14. The patient appears to have not had MRI of the cervical spine in the past. MTUS guidelines do not discuss MRIs. The ACOEM Practice Guidelines, 2nd Edition 2004--, Chapter 8, Neck and Upper Back, pages 177-178 under "Special Studies and Diagnostic and Treatment Considerations" states: Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. ACOEM guidelines do not recommend it unless there is an emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. ODG guidelines support MRI's of C-spine if there is "progressive neurologic deficit" present with radiculopathy. In this case, the treater requested "MRI of the cervical spine to rule out cervical disc problem." Review of the reports so not show that the patient has had an MRI of the C-spine. The patient does present with radicular symptoms, a neurologic symptom for which ODG guidelines support an MRI. The request IS medically necessary.

EMG/NCV Left Upper Extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 206-262. Decision based on Non-MTUS Citation Low back chapter, EMG studies

Decision rationale: The patient presents with pain and weakness in her neck, shoulder and upper extremity. The request is for EMG/NVC of the left upper extremity. The ACOEM guidelines page 262 on EMG/NCV states that appropriate studies "EDS--may help differentiate between CTS and other condition such as cervical radiculopathy. In addition, ODG states that electrodiagnostic testing includes testing for nerve conduction velocities "NCV-- and possibly the addition of electromyography "EMG--. Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks. ACOEM guidelines Ch11 page

262 states that "tests may be repeated later in the course of treatment if symptoms persist." In this case, there is no documentation that patient has had prior EMG/NCV studies. The patient is reported to have positive Spurlings test, Neer impingement test and Hawkins impingement test. There is tenderness to palpation at the acromial clavicular joints and periscapular area. The treater requested "EMG/NCV to rule out any neurological problems." Given the patient's radiating symptoms, the request is supported by the guidelines. The request IS medically necessary.