

Case Number:	CM15-0122206		
Date Assigned:	07/06/2015	Date of Injury:	12/10/2013
Decision Date:	07/31/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 57 year old female with a December 10, 2013 date of injury. A progress note dated May 20, 2015 documents subjective complaints (right shoulder pain; mid back pain; lower back pain bilaterally radiating down the bilateral legs to the toes; some numbness in the lateral right thigh and toe tingling; pain level ranges from a 4/10 to 9/10; difficulties with activities of daily living), objective findings (decreased range of motion of the right shoulder; Positive right Neer, Hawkins, liftoff and empty can; palpable tenderness to the lower lumbar spine and bilateral paraspinous musculature; patellar deep tendon reflexes decreased bilaterally), and current diagnoses (internal derangement of the right shoulder; impingement of the right shoulder; degenerative disc disease of the lumbar spine with left radiculopathy). Treatments to date have included magnetic resonance imaging of the lumbar spine that showed stenosis and bilateral foraminal narrowing, magnetic resonance imaging of the right shoulder that showed mild to moderate degenerative changes in the acromioclavicular joint and findings consistent with a non- displaced posterior labral tear, medications, and physical therapy. The treating physician documented a plan of care that included magnetic resonance imaging arthrogram of the right shoulder and electromyogram/nerve conduction studies of the left leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram right shoulder: Overturned

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 Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), MR arthrogram.

Decision rationale: The claimant sustained a work injury in December 2013 and continues to be treated for right shoulder and radiating low back pain. She was seen for orthopedic follow-up on 05/20/15. She was having ongoing shoulder pain and low back pain radiating into the left lower extremity. Pain was rated at 4-9/10. An MRI of the right shoulder obtained on 04/17/15 was reviewed. There was a possible non-displaced posterior labral tear. An MRI of the lumbar spine had shown findings of multilevel mild to moderate stenosis. Physical examination findings included decreased right shoulder range of motion with positive impingement testing. There was lumbar spine tenderness with negative straight leg raising. The claimant's BMI was nearly 48. An MRI arthrogram is recommended as an option to detect labral tears, and for suspected re-tear after rotator cuff repair. In this case, the claimant is morbidly obese limiting her physical examination. An MRI of the shoulder included findings of a possible labral tear. The requested MR arthrogram was medically necessary.

Nerve conduction study (NCS)/Electromyography (EMG) left leg, evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury in December 2013 and continues to be treated for right shoulder and radiating low back pain. She was seen for orthopedic follow-up on 05/20/15. She was having ongoing shoulder pain and low back pain radiating into the left lower extremity. Pain was rated at 4-9/10. An MRI of the right shoulder obtained on 04/17/15 was reviewed. There was a possible non-displaced posterior labral tear. An MRI of the lumbar spine had shown findings of multilevel mild to moderate stenosis. Physical examination findings included decreased right shoulder range of motion with positive impingement testing. There was lumbar spine tenderness with negative straight leg raising. The claimant's BMI was nearly 48. Electromyography (EMG) testing is recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy. In this case, the claimant has left lower extremity radicular symptoms with multiple levels of foraminal stenosis but without reported left lateralized findings by imaging. Lumbar spine surgery is being considered and whether there is radiculopathy and at what level(s) would need to be determined. Guidelines recommend that except in unique circumstances electromyography and nerve conduction studies should be performed together in the same electrodiagnostic evaluation when possible. The requested EMG/NCS of the left lower extremity was medically necessary.