

Case Number:	CM15-0125355		
Date Assigned:	07/09/2015	Date of Injury:	08/18/2009
Decision Date:	08/18/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/29/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 a 49 year old female who sustained an industrial injury on August 18, 2009. She has reported bilateral shoulder pain and has been diagnosed with status post left shoulder surgery x 2, right shoulder sprain, bilateral lateral epicondylitis, and bilateral carpal tunnel syndrome. Treatment has included medical imaging, medications, surgery, acupuncture and injection. There was a well healed surgical scar to the left shoulder. There was tenderness at the AC joint. He could go to 150 degrees with pain and some restriction. There was tenderness noted at the AC joint and tenderness on the medial border of the right scapular area of the right shoulder. She can go to 140 degrees in abduction and after that painful. The treatment request included NCV of bilateral upper extremities, EMG of bilateral upper extremities, X-ray of the left knee, and X-ray of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Velocity (NCV) of the bilateral upper extremities qty: 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Online Edition (updated 05/12/14) Chapter: Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 8 for the upper extremities, and 12, page 303.

Decision rationale: This claimant was injured in 2009 with shoulder pain. The claimant is status post two left shoulder surgeries, a right shoulder sprain, bilateral lateral epicondylitis, and bilateral carpal tunnel syndrome. Treatment has included past medical imaging. There remains tenderness at the AC joint. He could go to 150 degrees with pain and some restriction. There was tenderness noted at the AC joint and tenderness on the medial border of the right scapular area of the right shoulder. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request is appropriately not medically necessary.

Electromyography (EMG) of the bilateral upper extremities qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG-TWC Online Edition (updated 05/12/14) Chapter: Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 8 for the upper extremities, and 12, page 303.

Decision rationale: As shared, this claimant was injured in 2009 with shoulder pain. She is status post a left shoulder surgery x 2, a right shoulder sprain, bilateral lateral epicondylitis, and bilateral carpal tunnel syndrome. Treatment has included past medical imaging. There remains tenderness at the AC joint. He could go to 150 degrees with pain and some restriction. There was tenderness noted at the AC joint and tenderness on the medial border of the right scapular area of the right shoulder. As shared previously, electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request is appropriately not medically necessary.

X-ray of left knee qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Online Edition (updated 05/15/15) Chapter: Knee and Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): The California MTUS-ACOEM guides, Chapter 13 for the Knee, page 341.

Decision rationale: As noted, this claimant was injured in 2009 with shoulder pain. She is status post a left shoulder surgery x 2, a right shoulder sprain, bilateral lateral epicondylitis, and bilateral carpal tunnel syndrome. Treatment has included past medical imaging. There remains tenderness at the AC joint. He could go to 150 degrees with pain and some restriction. There was tenderness noted at the AC joint and tenderness on the medial border of the right scapular area of the right shoulder. The California MTUS-ACOEM guides, Chapter 13 for the Knee note on page 341: Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma: Patient is able to walk without a limp; Patient had a twisting injury and there is no effusion; The clinical parameters for ordering knee radiographs following trauma in this population are: Joint effusion within 24 hours of direct blow or fall; Palpable tenderness over fibular head or patella; Inability to walk (four steps) or bear weight immediately or within a week of the trauma; Inability to flex knee to 90 degrees; The records attest that imaging had already been done. There is no report of significant clinical changes. It is not clear why it would need to be repeated. The request is appropriately not medically necessary.

X-ray of lumbar spine qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Online Edition (updated 05/15/15) Chapter: Lumbar and Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 12 of ACOEM dealing with the low back, note on page 298 - 303.

Decision rationale: As shared previously, this claimant was injured in 2009 with shoulder pain. She is status post a left shoulder surgery x 2, a right shoulder sprain, bilateral lateral epicondylitis, and bilateral carpal tunnel syndrome. Treatment has included past medical imaging. There remains tenderness at the AC joint. He could go to 150 degrees with pain and some restriction. There was tenderness noted at the AC joint and tenderness on the medial border of the right scapular area of the right shoulder. This is a request for an x-ray of the lumbar spine. The MTUS notes that the 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 and clarification of the anatomy prior to an invasive procedure. The patient does not meet these criteria. Further, 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. In this case, there is no documentation of equivocal neurologic signs. Further, imaging studies to this area had already been accomplished, and the reason for repeating the study is not clinically clear. The request is appropriately not medically necessary.