

Case Number:	CM15-0128175		
Date Assigned:	07/15/2015	Date of Injury:	03/29/2010
Decision Date:	08/13/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/03/2015

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, 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:

The injured worker is a 47 year old female who sustained a cumulative industrial injury to her right shoulder on 03/29/2010. The injured worker was diagnosed with right shoulder tendinitis, right scapulalgia and rule out cervical radiculopathy. The injured worker is status post right shoulder acromioplasty and manipulation under anesthesia in June 2010. Treatment to date has included diagnostic testing, surgery, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on June 8, 2015, the injured worker continues to experience right upper back, scapula and right shoulder pain. Examination demonstrated tenderness to palpation of the right and left trapezius muscle and scapula area, right greater than left side. There was also tenderness to palpation over C4-7 noted. Current medications are listed as Naproxen and topical analgesics. Treatment plan consists of right shoulder steroid injection, possible cervical epidural steroid injection, continuing medication regimen, home exercise program, comfort measures and the current request for a cervical spine magnetic resonance imaging (MRI) and Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine Qty: 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, MRI.

Decision rationale: Regarding the request for cervical MRI, CA MTUS does not address repeat imaging. ODG states that repeat MRI is not routinely recommended in less there is a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, there is no indication of any red flags, neurologic deficit in the upper extremities, or a significant change in symptoms and/or findings suggestive of significant pathology. In the absence of such documentation, the requested cervical MRI is not medically necessary.

EMG right upper extremity Qty: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

Decision rationale: Regarding the request for EMG, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Guidelines go on to state that EMG is recommended to clarify nerve root dysfunction if findings of history and physical exam are consistent. Within the documentation available for review, there are no recent subjective complaints or physical examination findings identifying subtle focal neurologic deficits in a radicular distribution. In the absence of such documentation, the currently requested EMG is not medically necessary.

NCV right upper extremity Qty: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

Decision rationale: Regarding the request for NCV, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, there are no recent subjective complaints or physical examination findings identifying subtle focal neurologic deficits suggestive of peripheral neuropathy. In the absence of such documentation, the currently requested NCV is not medically necessary.