

Case Number:	CM15-0171686		
Date Assigned:	09/14/2015	Date of Injury:	04/04/2012
Decision Date:	10/13/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/31/2015

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: Emergency 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:

This is a 54 year old female with a date of injury of April 4, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder impingement with possible cuff tear, possible cervical spine radiculitis, and right elbow epicondylitis with surgical repair. Medical records dated August 6, 2015 indicate that the injured worker complains of increased right shoulder pain. Records also indicate that the injured worker was scheduled for right shoulder arthroscopy on August 17, 2015. A progress note dated June 25, 2015 notes subjective complaints of bilateral shoulder pain right greater than left, and the right elbow being much better. Per the treating physician (August 6, 2015), the employee has not returned to work. The physical exam dated August 6, 2015 reveals pain with right shoulder abduction greater than 90 degrees with positive impingement test, positive Spurling's and Tinel's at the cubital tunnel, and minimal tenderness of the right lateral elbow. The progress note dated June 25, 2015 documented a physical examination that showed right greater than left shoulder pain with abduction and flexion of greater than 85 degrees, positive impingement sign of the right elbow, and decreased tenderness of the right lateral epicondyle. Treatment has included right elbow surgery, physical therapy since at least May of 2015, electromyogram-nerve conduction studies of the upper extremities (May 3, 2013) that showed normal findings, and left carpal tunnel release. The original utilization review (August 14, 2015) non-certified a request for a repeat neurological consultation and a repeat electromyogram-nerve conduction velocity of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Neurological Consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The requested Repeat Neurological Consult, is not medically necessary. California Medical Treatment Utilization Schedule(MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has bilateral shoulder pain right greater than left, and the right elbow being much better. Per the treating physician (August 6, 2015), the employee has not returned to work. The physical exam dated August 6, 2015 reveals pain with right shoulder abduction greater than 90 degrees with positive impingement test, positive Spurling's and Tinel's at the cubital tunnel, and minimal tenderness of the right lateral elbow. The progress note dated June 25, 2015 documented a physical examination that showed right greater than left shoulder pain with abduction and flexion of greater than 85 degrees, positive impingement sign of the right elbow, and decreased tenderness of the right lateral epicondyle. Treatment has included right elbow surgery, physical therapy since at least May of 2015, electromyogram-nerve conduction studies of the upper extremities (May 3, 2013) that showed normal findings, and left carpal tunnel release. The treating physician has not documented evidence of an acute clinical change since previous evaluation and electrodiagnostic testing. The criteria noted above not having been met, Repeat Neurological Consult is not medically necessary.

Repeat EMG (electromyography)/ NCV (nerve conduction velocity), Bilateral Upper Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The requested Repeat EMG (electromyography)/NCV (nerve conduction velocity), Bilateral Upper Extremities, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Chapter 11-Forearm, Wrist, Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, Pages 268-269, 272-273; note that Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging inpatients who do not respond to treatment and who would consider surgery an option, and recommend electrodiagnostic studies with documented

exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials, that are in need of clinical clarification. The injured worker has bilateral shoulder pain right greater than left, and the right elbow being much better. Per the treating physician (August 6, 2015), the employee has not returned to work. The physical exam dated August 6, 2015 reveals pain with right shoulder abduction greater than 90 degrees with positive impingement test, positive Spurling's and Tinel's at the cubital tunnel, and minimal tenderness of the right lateral elbow. The progress note dated June 25, 2015 documented a physical examination that showed right greater than left shoulder pain with abduction and flexion of greater than 85 degrees, positive impingement sign of the right elbow, and decreased tenderness of the right lateral epicondyle. Treatment has included right elbow surgery, physical therapy since at least May of 2015, electromyogram-nerve conduction studies of the upper extremities (May 3, 2013) that showed normal findings, and left carpal tunnel release. The treating physician has not documented evidence of an acute clinical change since previous evaluation and electrodiagnostic testing. The criteria noted above not having been met, Repeat EMG (electromyography)/NCV (nerve conduction velocity), Bilateral Upper Extremities is not medically necessary.