MAXIMUS Federal Services

Case Number:	CM15-0063948		
Date Assigned:	04/09/2015	Date of Injury:	08/17/2011
Decision Date:	06/11/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/03/2015

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: Nevada, California
Certification(s)/Specialty: Anesthesiology, 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 64 year old female, who sustained an industrial injury on 8/17/2011. The mechanism of injury was not noted. The injured worker was diagnosed as having cervical/ lumbar discopathy, status post bilateral carpal tunnel releases, rule out bilateral shoulder internal derangement, and rule out bilateral knee internal derangement. Treatment to date included an MRI of the Right shoulder on 12/19/11, post-surgery, and of the Lumbar spine on 12/23/11. Currently, per the documentation of 2/25/15, the injured worker complained of right shoulder pain, rated 8/10 and unchanged, low back pain, rated 8/10 and unchanged, cervical spine pain, rated 7/10 and unchanged, bilateral wrist pain, rated 7/10 and unchanged, and bilateral knee pain, rated 7/10 and was unchanged. The physical examination of the right shoulder revealed Hawkins and impingement signs were positive. There was tenderness around the anterior glenohumeral region and subacromial space. The injured worker had a well healed scar. There was no clinical evidence of instability. There was limited range of motion with weakness. There was no apparent swelling. The physical examination of the lumbar spine revealed palpation paravertebral muscle tenderness with spasm. The nerve root test was positive. Standing flexion and extension were guarded and restricted. Since there was tingling and numbness in the lateral thigh, anterolateral and posterior leg as well as foot which correlated with an L5-S1 dermatomal pattern. There was 4/5 in the AHL and ankle plantarflexor L5-S1 innervated muscled. The ankle reflexes were asymmetric. There was tenderness in the cervical paravertebral muscles and upper trapezial muscles. There were dysesthesias is the upper

extremities. The requested EMG and NCV were due to continued symptomatology. The MR arthrogram of the right shoulder was due to limitations due to constituent symptoms greater than 4 to 5 weeks and the MRI of the lumbar spine was due to pain with numbness lasting longer than 4 to 5 weeks. The treatment plan included electromyogram and nerve conduction studies of the upper and lower extremities, magnetic resonance arthrogram of the right shoulder, magnetic resonance imaging of the lumbar spine, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI.

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 Chapter, MRIs (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines indicate a repeat MRI is appropriate when there is a significant change in symptoms or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the injured worker had previously undergone an MRI of the lumbar spine. There was a lack of documentation indicating the injured worker had significant change in symptoms or findings suggestive of a significant pathology. Given the above, the request for MRI lumbar spine in not medically necessary.

MRA right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The Official Disability Guidelines indicate an MR arthrogram is recommended as an option to detect labral tears and for suspected re-tear of post-op rotator cuff repair. The injured worker had a prior MRI of the right shoulder. The documentation indicated the injured worker had limitations due to consistent symptoms. However, there was a lack of documentation specifically indicating the physician had a suspicion of a labral tear or a re-tear post-op of the rotator cuff repair. Given the above, the request for MRA right shoulder is not medically necessary.

Bilateral upper extremity EMG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The American College of Occupational and Environmental Medicine states that Electromyography (EMG) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks if conservative care and observation fails to improve symptoms. The clinical documentation submitted for review indicated the injured worker had dysesthesia in the upper extremities. The documentation indicated the symptoms had lasted it was longer than 5 weeks. However, as there was a lack of documentation of specific myotomal and dermatomal findings. Additionally, there was a lack of documentation of the specific conservative care that was provided and the duration. Given the above, the request for bilateral upper extremity EMG is not medically necessary.

Bilateral lower extremity EMG: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine states that Electromyography (EMG), may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks if conservative care and observation fails to improve symptoms. The clinical documentation submitted for review indicated the injured worker had objective findings related to the bilateral lower extremities. The documentation further indicates that the patient symptomatology had lasted greater than 4 to 6 weeks. The specific conservative care and duration was not provided. Given the above, the request for bilateral lower extremity EMG is medically necessary.