MAXIMUS Federal Services

Case Number:	CM15-0076230		
Date Assigned:	04/27/2015	Date of Injury:	09/17/2014
Decision Date:	06/01/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/21/2015

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: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 76-year-old female with an industrial injury dated September 17, 2014. The injured worker's diagnoses include left shoulder rotator cuff tear complete, right shoulder partial rotator cuff tear, cervical degenerative disc disease, lumbar L5-S1 degenerative disc disease and nerve impingement bilaterally, bilateral knee lateral meniscus tear anteriorly, ankle pain, toe pain, carpal tunnel syndrome bilaterally, left wrist radial fracture with malunion and shortening, left ulnar neuropathy, anxiety, insomnia, visual problem, and dizziness. Treatment consisted of diagnostic studies, prescribed medications, shoulder injections, physical therapy and periodic follow up visits. In a progress note dated 3/4/2015, the injured worker reported pain in the neck, bilateral shoulders, bilateral wrist, bilateral knee and low back pain with numbness and tingling radiating to her legs. Objective findings revealed stiffness and guarding of the neck and shoulders with decrease in range of motion. Tenderness to palpitation of the neck and shoulder tenderness over the acromioclavicular joint (AC) were also noted on examination. A request for shoulder surgery was certified. The treating physician also prescribed services for Electromyography (EMG)/Nerve Conduction Velocity (NCV) of upper extremities and Tylenol with codeine No.4 qty.90 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 4 QTY: 90.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine Page(s): 92.

Decision rationale: The request is for post-operative use after shoulder arthroscopy. The documentation indicates that the IW is currently on the same dose. The request for surgery has been certified. As such, the post-operative request is appropriate and medically necessary. Weaning is suggested after recovery from the surgical procedure. The current request is medically necessary.

Upper extremities NCV: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 261, 262.

Decision rationale: A surgical request for left shoulder arthroscopy with subacromial decompression and partial claviculectomy and rotator cuff repair has been certified. The disputed requests pertaining to EMG and nerve conduction studies of both upper extremities and Tylenol No. 4 quantity 90, which were noncertified. Additional information was requested for clarification of the EMG/nerve conduction study of the upper extremities but it was not received. Medical records dated March 4, 2015 indicate moderate pain in the neck and bilateral shoulders. She also had moderate pain in both wrists. A malunion of old fracture of the left wrist was documented. Impingement testing was positive in both shoulders. Among the diagnoses on that day, the provider mentions carpal tunnel syndrome bilaterally and left ulnar neuropathy but there is nothing in the history or examination supporting those diagnoses. A diagnosis of cervical degenerative disc disease was also made but no x-rays were documented. The progress notes dated January 19, 2015 indicate subjective complaints of neck pain, bilateral shoulder pain, severe low back pain, moderate bilateral elbow pain, moderate bilateral wrist pain, severe right knee pain and moderate left knee pain. There is nothing in the physical examination pertaining to carpal tunnel syndrome or cubital tunnel syndrome. A detailed neurologic examination of the upper extremities is not included. California MTUS guidelines on page 178 indicate electromyography to identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both lasting more than 3 or 4 weeks. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests or bone scans. If physiologic evidence indicates tissue insult or nerve impairment an imaging study may be considered. In this case, there is a diagnosis of degenerative disc disease of the cervical spine but imaging studies are not submitted. There is a diagnosis of carpal tunnel syndrome but no history of numbness in the upper extremities or a detailed examination indicating the presence of carpal tunnel syndrome has been submitted. As such, the request for electromyography and a nerve conduction study is not supported by guidelines and is not medically necessary.

Upper extremities EMG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 261, 262.

Decision rationale: A surgical request for left shoulder arthroscopy with subacromial decompression and partial claviculectomy and rotator cuff repair has been certified. The disputed requests pertaining to EMG and nerve conduction studies of both upper extremities and Tylenol No. 4 quantity 90, which were noncertified. Additional information was requested for clarification of the EMG/nerve conduction study of the upper extremities but it was not received. Medical records dated March 4, 2015 indicate moderate pain in the neck and bilateral shoulders. She also had moderate pain in both wrists. A malunion of old fracture of the left wrist was documented. Impingement testing was positive in both shoulders. Among the diagnoses on that day, the provider mentions carpal tunnel syndrome bilaterally and left ulnar neuropathy but there is nothing in the history or examination supporting those diagnoses. A diagnosis of cervical degenerative disc disease was also made but no x-rays were documented. The progress notes dated January 19, 2015 indicate subjective complaints of neck pain, bilateral shoulder pain, severe low back pain, moderate bilateral elbow pain, moderate bilateral wrist pain, severe right knee pain and moderate left knee pain. There is nothing in the physical examination pertaining to carpal tunnel syndrome or cubital tunnel syndrome. A detailed neurologic examination of the upper extremities is not included. California MTUS guidelines on page 178 indicate electromyography to identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both lasting more than 3 or 4 weeks. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests or bone scans. If physiologic evidence indicates tissue insult or nerve impairment an imaging study may be considered. In this case, there is a diagnosis of degenerative disc disease of the cervical spine but imaging studies are not submitted. There is a diagnosis of carpal tunnel syndrome but no history of numbness in the upper extremities or a detailed examination indicating the presence of carpal tunnel syndrome has been submitted. As such, the request for electromyography and a nerve conduction study is not supported by guidelines and is not medically necessary.