

Case Number:	CM15-0092794		
Date Assigned:	05/19/2015	Date of Injury:	10/03/2011
Decision Date:	06/24/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/14/2015

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, California
 Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial injury on 10/03/2011. He has reported subsequent right shoulder, elbow, wrist and hand pain and was diagnosed with shoulder impingement and ulnar nerve lesion. Treatment to date has included oral and topical pain medication, physical therapy and surgery. In a progress note dated 03/19/2015, the injured worker complained of significant right shoulder pain. Objective findings were notable for tenderness to pressure of the right shoulder joint, restricted range of motion of the right and left shoulder, positive impingement sign on the right and positive Tinel's and Finkelstein's tests on the right. A request for authorization of right shoulder MRI arthrogram and right upper extremity electromyogram/nerve conduction study was submitted. The patient's surgical history includes right shoulder arthroscopy on 4/5/2012; right CTR and right elbow ulnar nerve decompression. The patient has had three right shoulder surgeries in 2008, 2012 and 2014. Per the doctor's note, dated 5/16/15 physical examination of the right shoulder revealed positive Hawkin's sign, flexion and abduction 130. The patient has had positive Tinel's sign on the right. The patient has had right UE numbness, tingling, weakness and paresthesias. The medication list includes Tizanidine, Meloxicam, Simvastatin, Ibuprofen and Hydroxyzine. Patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder MRI arthrogram: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 05/04/15) MR arthrogram.

Decision rationale: Request: Right shoulder MRI arthrogram. According to ACOEM guidelines cited below, "for most patients, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out." Criteria for ordering imaging studies are: Emergence of a red flag; e.g., indications of intra abdominal or cardiac problems presenting as shoulder problems; "Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." "MR arthrogram: Recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. MRI is not as good for labral tears, and it may be necessary in individuals with persistent symptoms and findings of a labral tear that a MR arthrogram be performed even with negative MRI of the shoulder, since even with a normal MRI, a labral tear may be present in a small percentage of patients." He has reported subsequent right shoulder, elbow, wrist and hand pain and was diagnosed with shoulder impingement and ulnar nerve lesion. In a progress note dated 03/19/2015, the injured worker complained of significant right shoulder pain. Objective findings were notable for tenderness to pressure of the right shoulder joint, restricted range of motion of the right and left shoulder, positive impingement sign on the right. The patient has had three right shoulder surgeries in 2008, 2012 and 2014. Per the doctor's note dated 5/16/15 physical examination of the right shoulder revealed positive Hawkin's sign, flexion and abduction 130. The patient has had right UE numbness, tingling, weakness and paresthesias. The patient has significant abnormal objective findings of the right shoulder. The request for Right shoulder MRI arthrogram is medically necessary and appropriate for this patient.

Right upper extremity EMG/NCS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain, Electrodiagnostic testing (EMG/NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Right upper extremity EMG/NCS. Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Electromyography (EMG), and nerve conduction velocities (NCV), 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." He has reported subsequent right shoulder, elbow, wrist and hand pain and was diagnosed with shoulder impingement and ulnar nerve lesion. In a progress note dated 03/19/2015, the injured worker complained of significant right shoulder pain. Objective findings were notable for tenderness to pressure of the right shoulder joint, restricted range of motion of the right and left shoulder, positive impingement sign on the right and positive Tinel's and Finkelstein's tests on the right. The patient's surgical history include right shoulder arthroscopy on 4/5/2012; right CTR and right elbow ulnar nerve decompression. The patient has had right UE numbness, tingling, weakness and paresthesias. Patient has received an unspecified number of PT visits for this injury. Therefore, patient has had significant abnormal findings of UE. The pt could have peripheral neuropathy or cervical radiculopathy. It is necessary to do electrodiagnostic studies to find out the exact cause of the neurological symptoms in the upper extremities. Electrodiagnostic studies would help to clarify the exact cause of the neurological symptoms and would help to identify the level at which nerve root impingement may be occurring. This information would guide further management. The request for Right upper extremity EMG/NCS is medically appropriate and necessary for this patient at this time.