MAXIMUS Federal Services

Case Number:	CM13-0001385		
Date Assigned:	05/12/2014	Date of Injury:	04/23/2013
Decision Date:	06/09/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/13/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 43-year-old injured worker sustained an injury in April, 2013. The current diagnosis is a sprain of the shoulder. It is noted that on July 5, 2013 electrodiagnostic consultation was obtained. Both nerve conduction studies and EMG testing were completed in the bilateral upper extremities. This was determined to be an abnormal study and there were changes consistent with a C6 nerve root radiculopathy. The treating physician report dated June 26, 2013 noted symptoms involving the right upper extremity. It was noted that a course of physical therapy for the right upper extremity have been completed, enhanced imaging studies were ordered (noting a partial thickness tear of the supraspinatus and a tendinitis) and surgical intervention had been sought. There were ongoing complaints of tingling and numbness into the right upper family. The clinical impression was right shoulder strain, right forearm strain and a right wrist sprain. A repeat MRI the shoulder was completed in June, 2013. An MRI of the wrist/hand was obtained in May, 2013. Previous progress notes indicate right grip strength testing to be markedly reduced (5/5/5). The hand surgery consultation noted the diagnosis as a wrist sprain. Electromyography of the right upper extremities and electromyography of the left upper extremities have been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: An electrodiagnostic study was completed several months prior. The findings were consistent with a cervical radiculopathy. The progress notes reviewed did not indicate any acute change or progressive neurologic functional losses. Additionally, an MRI identified the shoulder pathology to be degenerative changes to the rotator cuff. Therefore, with those subtle neurologic dysfunction identified, and given the order completed electrodiagnostic assessment, the medical necessity of this request has not been established. The request is not medically necessary and appropriate.

NERVE CONDUCTION VELOCITY OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: An electrodiagnostic study was completed several months prior. The findings were consistent with a cervical radiculopathy. The progress notes reviewed did not indicate any acute change or progressive neurologic functional losses. Additionally, an MRI identified the shoulder pathology to be degenerative changes to the rotator cuff. Therefore, with those subtle neurologic dysfunction identified, and given the order completed electrodiagnostic assessment, the medical necessity of this request has not been established. The request is not medically necessary and appropriate.