

Case Number:	CM13-0005824		
Date Assigned:	08/19/2013	Date of Injury:	10/05/2011
Decision Date:	01/22/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 physician 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 patient is a 43-year-old male who reported an injury on 10/05/2011. The patient was status post a right shoulder subacromial decompression and rotator cuff repair. The patient continues to have right shoulder and elbow pain as well as left shoulder and elbow symptoms as a result of the injury. The patient has negative Tinel's and Phalen's in the bilateral upper extremities. The patient has been treated with physical therapy and medication management. The treatment plan is for electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request 1 nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper back (Acute & Chronic)

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

Decision rationale: CA MTUS/ACOEM Guidelines state that "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." The documentation submitted for review fails to demonstrate that the patient has any focal, neurological dysfunction in the neck or upper extremities to warrant the need for electrodiagnostic studies. Given the above, the request is non-certified.

Retrospective request 1 nerve conduction, amplitude and latency/velocity study, each nerve; motor without F-wave study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper back (Acute & Chronic)

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

Decision rationale: CA MTUS/ACOEM Guidelines state that "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." The documentation submitted for review fails to demonstrate that the patient has any focal, neurological dysfunction in the neck or upper extremities to warrant the need for electrodiagnostic studies. Given the above, the request is non-certified.

Retrospective request for 1 nerve conduction, amplitude and latency/velocity study each nerve; sensory: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper back (Acute & Chronic)

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

Decision rationale: CA MTUS/ACOEM Guidelines state that "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." The documentation submitted for review fails to demonstrate that the patient has any focal, neurological dysfunction in the neck or upper extremities to warrant the need for electrodiagnostic studies. Given the above, the request is non-certified.

Retrospective request for 1 needle electromyography; 2 extremities with or without related paraspinal areas: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33, 178, 212.

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

Decision rationale: CA MTUS/ACOEM Guidelines state that "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." The documentation submitted for review fails to demonstrate that the patient has any focal, neurological dysfunction in the neck or upper extremities to warrant the need for electrodiagnostic studies. Given the above, the request is non-certified.