

Case Number:	CM13-0014194		
Date Assigned:	10/11/2013	Date of Injury:	09/20/2008
Decision Date:	01/02/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	08/29/2013

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 and 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.

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 has a date of injury on 09/20/2008. The patient's diagnoses include status post left knee surgery for a torn meniscus and also status post left shoulder diagnostic arthroscopy with synovectomy, chondroplasty, subacromial decompression, and rotator cuff repair on 1/25/2013. The initial physician review recommended non-certification of updated electrodiagnostic studies of the upper and lower extremities, noting that the only objective findings on recent physician notes included increasing motion in the left upper extremity compared with the prior exam and that there was no documentation of subjective or objective neurological deficits. The physician therefore concluded there was no indication for an electrodiagnostic study. That review also noted that there was no specific indication for a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG for the upper and lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Guidelines and the Official Disability Guidelines (OGD), which is not part of MTUS. .

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

Decision rationale: The ACOEM guidelines, Chapter 12, state that an electromyography may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms

lasting more than 3 or 4 weeks. Similar guidelines can also be found in the ACOEM guidelines, Chapter 8, regarding the neck which state that electromyography and nerve conduction velocities may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms or both lasting more than 3 or 4 weeks. Implicit in these guidelines is an expectation that an EMG would be indicated if there are specific neurological symptoms and physical examination findings and a neurological differential diagnosis in the medical records. The medical records provided for review do not provide such rationale for electrodiagnostic studies in this case. The request for an EMG of the upper and lower extremities is not medically necessary and appropriate.

An FCE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Work conditioning, work hardening Page(s): 125.

Decision rationale: The Chronic Pain Medical Treatment Guidelines discuss functional capacity evaluations in the context of work condition. This guideline discusses work hardening in situations with a work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level. A functional capacity evaluation may be required showing consistent results with maximum effort, demonstrating capacities below an employer verified physical demands analysis. The medical records provided for review do not contain such information to support a functional capacity evaluation. It is unclear what specific job is proposed to be returned to, and it is not clear that the employee has plateaued short of those job requirements. The medical records provided do not support an indication for a functional capacity evaluation. The request for an FCE is not medically necessary and appropriate.