

Case Number:	CM13-0017299		
Date Assigned:	10/11/2013	Date of Injury:	07/09/2012
Decision Date:	01/17/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/27/2013

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 Internal Medicine, has a subspecialty in Cardiology 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 40-year-old female who reported an injury on 07/09/2012 while transferring a large patient. The patient complained of a neck and shoulder injury. The patient underwent rotator cuff repair and biceps tenodesis followed by postsurgical manipulation, anesthesia and arthroscopic debridement. The patient continued to have pain radiating into the upper extremities. The patient's most recent clinical examination findings included left shoulder range of motion described as 140 degrees in flexion, 120 degrees in abduction, 70 degrees in external rotation and internal rotation to the T12 level, restricted cervical range of motion described as 30 degrees in flexion, 10 degrees in extension, and 15 degrees in bilateral bending with a negative Spurling's sign. The patient's diagnoses included cervicalgia, brachial plexus lesions, non-traumatic rupture of the tendons of the biceps long head, stiffness of joint involving the shoulder region. The patient's treatment plan included updated MRI, electrodiagnostic studies, and CT to assist in the possibility of surgical planning. ❄️

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-179.
Decision based on Non-MTUS Citation ODG Neck and Upper Back

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

Decision rationale: The patient does have continued pain complaints possibly related to a cervical injury. However, the ACOEM Guidelines state "electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms or both lasting more than 3 to 4 weeks." The clinical documentation submitted for review does indicate that the patient has pain with range of motion of the cervical spine. However, there were no neurological deficits recorded in the physical examination to support the need for this type of testing. Additionally, the clinical documentation submitted for review indicates that the patient's conservative treatment has primarily been focused on the shoulder, and has not been focused on the cervical spine. There is not a documented failure to respond to conservative treatments for the cervical spine. Diagnostic studies to support surgical intervention would not be indicated. As such, the requested EMG of the left upper extremity is not medically necessary and appropriate.

NCS Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-179.
Decision based on Non-MTUS Citation ODG Neck and Upper Back

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

Decision rationale: The patient does have continued pain complaints possibly related to a cervical injury. However, the ACOEM Guidelines state "electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms or both lasting more than 3 to 4 weeks." The clinical documentation submitted for review does indicate that the patient has pain with range of motion of the cervical spine. However, there were no neurological deficits recorded in the physical examination to support the need for this type of testing. Additionally, the clinical documentation submitted for review indicates that the patient's conservative treatment has primarily been focused on the shoulder, and has not been focused on the cervical spine. There is not a documented failure to respond to conservative treatments for the cervical spine. Diagnostic studies to support surgical intervention would not be indicated. As such, the requested NCS of the left upper extremity is not medically necessary and appropriate.

NCS Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-179.
Decision based on Non-MTUS Citation ODG Neck and Upper Back

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

Decision rationale: The patient does have continued pain complaints possibly related to a cervical injury. However, the ACOEM Guidelines state "electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms or both lasting more than 3 to 4 weeks." The clinical documentation submitted for review does indicate that the patient has pain with range of motion of the cervical spine. However, there were no neurological deficits recorded in the physical examination to support the need for this type of testing. Additionally, the clinical documentation submitted for review indicates that the patient's conservative treatment has primarily been focused on the shoulder, and has not been focused on the cervical spine. There is not a documented failure to respond to conservative treatments for the cervical spine. Diagnostic studies to support surgical intervention would not be indicated. As such, the requested NCS of the right upper extremity is not medically necessary and appropriate.

EMG Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-179.
Decision based on Non-MTUS Citation ODG Neck and Upper Back

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

Decision rationale: The patient does have continued pain complaints possibly related to a cervical injury. However, the ACOEM Guidelines state "electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms or both lasting more than 3 to 4 weeks." The clinical documentation submitted for review does indicate that the patient has pain with range of motion of the cervical spine. However, there were no neurological deficits recorded in the physical examination to support the need for this type of testing. Additionally, the clinical documentation submitted for review indicates that the patient's conservative treatment has primarily been focused on the shoulder, and has not been focused on the cervical spine. There is not a documented failure to respond to conservative treatments for the cervical spine. Diagnostic studies to support surgical intervention would not be indicated. As such, the requested EMG of the right upper extremity is not medically necessary and appropriate.