

Case Number:	CM13-0021909		
Date Assigned:	11/13/2013	Date of Injury:	04/26/2013
Decision Date:	01/30/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/09/2013

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 Texas. 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 30-year-old male who reported a work related injury on 04/26/2013 as a result of strain to the right shoulder. The patient was initially treated with hot/cold pack wrap, tramadol, and nabumetone. The clinical note dated 08/14/2013 reports the patient was seen for followup under the care of [REDACTED]. The provider documents the patient reports continued right shoulder pain with associated weakness. The patient has only completed 3 sessions of physical therapy. The provider documents there was tenderness in the right acromioclavicular joint and anterior deltoid. The provider documented a slight distraction to the right arm the humerus looks like it dislocates does not click or pop but it stretches. The provider documented upon physical exam of the patient, motor strength was rated at a 3/5. The provider documents the patient presents with acromioclavicular joint grade I separation on the right, right shoulder impingement, and possible dislocation of the right humerus. The provider documents the patient's current presentation necessitates aggressive exercise and physical therapy.

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 Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. 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): 178.

Decision rationale: The clinical documentation submitted for review documents the patient presents with right shoulder pain complaints since a work related injury sustained on 04/26/2013. The requesting provider documents the patient presents with imaging study evidence of ligament disruption compatible with a grade I acromioclavicular joint separation. The provider documented the patient had only attended 3 sessions of physical therapy. The clinical notes lack evidence of the patient presenting with any significant neurological or sensory deficits. Given the lack of neurological and sensory deficits about the bilateral upper extremities, as the patient's reflexes are present and equal, the current request is not supported. ACOEM Guidelines indicate electromyography is not recommended for the diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent. Given that the patient presents with explanation for the right upper extremity symptomatology, and without any evidence of any neurological or sensory deficits, the request for EMG left upper extremity is not medically necessary and appropriate.

NCV Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. 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): 178.

Decision rationale: ACOEM Guidelines indicate nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommend NCVs if EMG is not clearly radiculopathy or clearly negative to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. Given that the patient presents with explanation for the left upper extremity symptomatology and without any evidence of any neurological or sensory deficits, the request for NCV left upper extremity is not medically necessary and appropriate.

NCV Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. 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): 178.

Decision rationale: ACOEM Guidelines indicate nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and

obvious clinical signs, but recommend NCVs if EMG is not clearly radiculopathy or clearly negative to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. Given that the patient presents with explanation for the right upper extremity symptomatology and without any evidence of any neurological or sensory deficits, the request for NCV right upper extremity is not medically necessary and appropriate