

Case Number:	CM13-0023436		
Date Assigned:	11/15/2013	Date of Injury:	03/08/2013
Decision Date:	02/10/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/12/2013

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. 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 63-year-old male who reported a work-related injury on 3/8/13, as a result of strain to the right shoulder and cervical spine. Electrodiagnostic studies dated 6/26/13 of the bilateral upper extremities performed by [REDACTED] revealed no evidence of a cervical radiculopathy or upper extremity peripheral entrapment neuropathy. The clinical note dated 10/28/13 reports the patient was seen under the care of [REDACTED]. The provider's treating diagnoses were rotator cuff syndrome, lumbar disc lesion, brachial neuritis/radiculitis and displacement of cervical disc without myelopathy. Upon examination of the patient, the provider reported decreased range of motion of the lumbar spine in flexion at 50 degrees, extension 25 degrees, bilateral flexion 25 degrees was noted. Right shoulder range of motion was significantly decreased. The provider documented straight leg raise at 55 degrees bilaterally. The provider documented imaging of the patient's lumbar spine revealed multilevel disc bulging and central stenosis. The patient was recommended to undergo consult with a pain specialist and orthopedic surgeon. Chiropractic treatment and use of a TENS unit was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 fails to evidence that the patient presents with any new significant motor, neurological or sensory deficits since the initial electrodiagnostic studies performed in June of 2013; those revealed no abnormalities such as neuropathy or radiculopathy. The patient presents with a significant injury to the right shoulder, and has been recommended to undergo surgical interventions. The clinical notes lacked evidence of any new trauma, or significant objective findings of symptomatology to evidence any motor, neurological or sensory deficits. The California MTUS/ACOEM indicates when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Given all of the above, the request for EMG of the bilateral upper extremities is not medically necessary or appropriate.

NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 fails to evidence that the patient presents with any new significant motor, neurological or sensory deficits since the initial electrodiagnostic studies performed in June of 2013; those revealed no abnormalities such as neuropathy or radiculopathy. The patient presents with a significant injury to the right shoulder, and has been recommended to undergo surgical interventions. The clinical notes lacked evidence of any new trauma, or significant objective findings of symptomatology to evidence any motor, neurological or sensory deficits. The California MTUS/ACOEM indicates when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Given all of the above, the request for NCV of the bilateral upper extremities is not medically necessary or appropriate.