

Case Number:	CM13-0026041		
Date Assigned:	11/22/2013	Date of Injury:	07/13/2009
Decision Date:	01/29/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/18/2013

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 Family Practice 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 32 year old male who reported an injury on 07/13/2009. The mechanism of injury was pulling. The initial course of treatment included physical therapy, activity restrictions, and medications, and he was subsequently diagnosed with right shoulder tendonitis and right shoulder osteoarthritis. There is an unofficial report of a normal EMG/NCV done to the cervical spine and bilateral upper extremities on 02/03/2010. The patient is also noted to have had an additional injury to his right shoulder on 05/04/2012, mechanism of injury was lifting. There is no mention of therapy provided for this new injury. It is also noted that the patient reported pain relief with the use of medications, and that he was receiving electroshock wave therapy as well as utilizing a TENS unit. He has continued complaints of right upper extremity pain and numbness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) and nerve conduction velocity (NCV) testing on the right upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 212-214.

Decision rationale: The California MTUS/ACOEM states that EMG is not recommended for the detection of neurologic abnormalities relating to the shoulder. Guidelines also state that nerve conduction testing should only be done if there is evidence of severe rotator cuff weaknesses that is unaccompanied by rotator cuff tear symptoms. The most recent clinical note dated 07/20/2013 reported only a slight decrease in motor strength secondary to pain, a mild decrease in right shoulder range of motion, no sensory deficits, and normal reflexes throughout. There was no mention of cervical complaints, nor were there any physical examination findings in any of the recent medical records, to suggest that the injury might be cervical in nature. Due to the lack of objective findings of any neurological compromises within the medical records submitted for review, an EMG/NCV is not indicated at this time. As such, the request for EMG/NCV of the right upper extremity is non-certified.