

Case Number:	CM13-0026460		
Date Assigned:	11/22/2013	Date of Injury:	06/23/2012
Decision Date:	01/28/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/19/2013

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 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:

This 42 year-old female Sandwich Maker sustained an injury as a heavy package of frozen meat fell upon her arms on 6/23/12 while employed by [REDACTED]. Diagnoses include s/p Right arthroscopic subacromial decompression in April of 2013 with rule out early sympathetically maintained pain syndrome of the right upper extremity. Follow-up MRI of the right shoulder on 9/6/12 showed mild supraspinatus tendinopathy/ partial tear without full thickness tear; possible subacromial bursitis. MRI of the right elbow showed mild tendinopathy or small partial tear of the common extensor tendon at lateral epicondylar insertion. Last EMG/NCV of the bilateral upper extremities on 10/30/12 was normal. Most recently, the patient underwent on 4/15/13, right shoulder arthroscopic subacromial decompression with rotator cuff debridement, synovectomy, bursectomy, partial distal claviclectomy and Depomedrol/Marcaine injection. Report from [REDACTED] on 8/13/13 has request for EMG/NCV of the upper extremities. [REDACTED] noted the patient with complaints of decreased range of motion and overly sensitive right shoulder and arm with a lot of weakness. Pain is 3/10 with NSAIDs with exam showing tenderness at right shoulder, abduction 35 degrees, forward flexion at 50 degrees; hyperesthesia from shoulder to elbow, diffuse right upper extremity motor deficit 4/5, spasm; otherwise examination unchanged. Diagnosis included early sympathetically maintained pain syndrome/brachial plexus neuropathy. Request for EMG/NCV was non-certified by [REDACTED] on 9/12/13 citing guidelines criteria, medical presentation, and AME's re-eval report without recommendation for diagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263, 581.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178, 258-260.

Decision rationale: This 42 year-old female Sandwich Maker sustained an injury as a heavy package of frozen meat fell upon her arms on 6/23/12 while employed by [REDACTED]. Diagnoses include s/p Right arthroscopic subacromial decompression in April of 2013 and most recently, the patient underwent on 4/15/13, right shoulder arthroscopic subacromial decompression with rotator cuff debridement, synovectomy, bursectomy, partial distal claviclectomy and Depomedrol/Marcaine injection. She continues with chronic right upper pain and sensitivity with diagnosis from treater, [REDACTED] as sympathetically maintained pain syndrome/brachial plexus neuropathy. He has request for repeat EMG/NCV of the upper extremities for clinical findings on report of 8/13/13, tenderness at right shoulder, abduction 35 degrees, forward flexion at 50 degrees; hyperesthesia from shoulder to elbow, diffuse right upper extremity motor deficit 4/5, spasm; otherwise examination unchanged. The patient's previous Electrodiagnostic study on 10/30/12 had normal EMG and NCV studies. Recent re-evaluation from [REDACTED] on 7/18/13 noted the patient's examination to be non-specific without any recommendation for diagnostic studies. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy or entrapment syndrome, only with continued diffuse pain, muscle weakness, and hypersensitivity from shoulder to elbow without specific consistent myotomal or dermatomal correlation to support for electrodiagnostics for a patient s/p 2 right shoulder surgeries. The EMG of the right upper extremity is not medically necessary and appropriate.

NCV of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263, 58.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178, 258-260.

Decision rationale: This 42 year-old female Sandwich Maker sustained an injury as a heavy package of frozen meat fell upon her arms on 6/23/12 while employed by [REDACTED]. Diagnoses include s/p Right arthroscopic subacromial decompression in April of 2013 and most recently, the patient underwent on 4/15/13, right shoulder arthroscopic subacromial decompression with rotator cuff debridement, synovectomy, bursectomy, partial distal claviclectomy and Depomedrol/Marcaine injection. She continues with chronic right upper pain and sensitivity with diagnosis from treater, [REDACTED] as sympathetically maintained pain

syndrome/brachial plexus neuropathy. He has request for repeat EMG/NCV of the upper extremities for clinical findings on report of 8/13/13, tenderness at right shoulder, abduction 35 degrees, forward flexion at 50 degrees; hyperesthesia from shoulder to elbow, diffuse right upper extremity motor deficit 4/5, spasm; otherwise examination unchanged. The patient's previous Electrodiagnostic study on 10/30/12 had normal EMG and NCV studies. Recent re-evaluation from [REDACTED] on 7/18/13 noted the patient's examination to be non-specific without any recommendation for diagnostic studies. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy or entrapment syndrome, only with continued diffuse pain, muscle weakness, and hypersensitivity from shoulder to elbow without specific consistent myotomal or dermatomal correlation to support for electrodiagnostics for a patient s/p 2 right shoulder surgeries. The EMG of the right upper extremity is not medically necessary and appropriate.