

Case Number:	CM13-0036867		
Date Assigned:	12/13/2013	Date of Injury:	11/29/2012
Decision Date:	02/12/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/21/2013

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 Orthopedic Surgery, 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 claimant is a 51-year-old who was injured in a work-related accident on November 29, 2012. The clinical records for review indicate an initial injury to the upper extremities. A prior operative report from December 9, 2013 stated the claimant underwent a left shoulder arthroscopy, acromioplasty, and distal clavicle excision with open rotator cuff repair. A cervical MRI from July 30, 2013 showed a small central protrusion at C5-6 without evidence of canal or foraminal stenosis at any level. An August 28, 2013 assessment with [REDACTED] indicated the claimant's upper extremity showed weakness with abduction of the left shoulder, grossly intact cranial nerves, and a neurologic examination showing no other motor weakness or deep tendon reflex change. There was no indication of sensory deficit. The impression at that time was of cervicothoracic spine strain (rule out cervical radiculopathy), and recommendations were for upper extremity electrodiagnostic testing.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: While Guidelines indicate the role of electrodiagnostic studies in the setting of focal neurologic dysfunction with neck or arm symptoms lasting more than three to four weeks, the claimant's current physical examination does not demonstrate a radicular process. The absence of clinical correlation between examination and current testing request would fail to necessitate its need; therefore, the request is non-certified

NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: While Guidelines indicate the role of electrodiagnostic studies in the setting of focal neurologic dysfunction with neck or arm symptoms lasting more than three to four weeks, the claimant's current physical examination does not demonstrate a radicular process. The absence of clinical correlation between examination and current testing request would fail to necessitate its need; therefore, the request is non-certified.