

Case Number:	CM13-0037525		
Date Assigned:	12/13/2013	Date of Injury:	08/01/2011
Decision Date:	03/17/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/30/2013

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 Occupational Medicine, 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 40-year-old female who sustained a work-related injury on 8/1/11. Subjective findings include tingling and numbness in the upper extremities. Objective findings include abnormal reflexes and tenderness to palpation over the shoulder. Current diagnoses include rotator cuff tear, status post-surgical, myofascial pain, and shoulder sprain/strain.

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 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: The MTUS/ACOEM guidelines state that panel interpretation of EMG as part of a shoulder evaluation for usual diagnoses, does not meet inclusion criteria for research-based evidence. Therefore, based on guidelines and a review of the evidence, the request for EMG of the right upper extremity is not medically necessary.

NCV of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: The MTUS/ACOEM guidelines state that panel interpretation of NCV as part of a shoulder evaluation for usual diagnoses, does not meet inclusion criteria for research-based evidence. Therefore, based on guidelines and a review of the evidence, the request for NCV of the right upper extremity is not medically necessary.