

Case Number:	CM13-0038644		
Date Assigned:	12/18/2013	Date of Injury:	08/01/2011
Decision Date:	02/11/2014	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 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 41 year old female who reported an injury on 08/01/2011. The mechanism of injury was not submitted. The patient was diagnosed with status post right rotator cuff repair in January 2012; status post left shoulder rotator cuff repair on 01/15/2013, myofascial pain, and shoulder sprain/strain, left wrist carpal tunnel syndrome. The clinical documentation reported the patient continued to complain of moderate shoulder pain that was reported as sharp and cutting. The patient also reported burning pain in the left wrist which was worsened with lifting, grasping, reaching overhead and repetitive activities. The patient reported moderate relief with Vicodin and Naprosyn. The physical examination revealed a positive Tinel's and Phalen's test and cubital compression test is positive on the left side. The patient also had decreased sensation over the palm. The patient underwent an EMG on 08/24/2013 that stated the results would be most consistent with cervical radiculopathy on the left side with the involved nerve root being C5 and/or C6. The patient underwent a NCV on 08/31/2013 that revealed evidence of mild right carpal tunnel syndrome (median nerve entrapment at the wrist) affecting sensory components, mild to moderate left carpal tunnel syndrome (median nerve entrapment at wrist) affecting motor and sensory components with no evidence of cervical radiculopathy. The patient completed 12 session of post-operative physical therapy after each shoulder surgery. The patient was referred to undergo an injection of steroids into the carpal tunnel and then be referred for surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV for the left upper extremity: Upheld

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

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

Decision rationale: CA MTUS/ACOEM does not recommend EMG for the shoulder. The patient continued to complain of moderate shoulder pain and is status post bilateral rotator cuff repair. The clinical documentation submitted for review does not establish medical necessity for the request. The patient underwent an EMG on 08/24/2013 and a NCS on 08/31/2013. Given the lack of documentation to support guideline criteria, the request is non-certified.