

Case Number:	CM13-0044164		
Date Assigned:	04/25/2014	Date of Injury:	08/03/2012
Decision Date:	07/04/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 42-year-old male who has submitted a claim for possible atypical right brachial neuritis involving both axillary and suprascapular nerves associated with an industrial injury date of August 3, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of persistent right shoulder pain graded 5-8/10 with paresthesia. Pain was aggravated by movement. Physical examination showed atrophy in the right deltoid, supraspinatus, and infraspinatus muscles; little if any abduction and external rotation of the right arm at the elbow; allodynia noted along the right lateral shoulder; and brachioradialis and triceps reflex bilaterally. Treatment to date has included NSAIDs, opioids, anticonvulsants, antidepressants, and physical therapy. Utilization review from October 18, 2013 denied the request for EMG/NCV of the right shoulder/upper extremity due to pending MR Neurogram result of the right upper extremity to further evaluate the claimant's condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAM (EMG) OF THE RIGHT SHOULDER/RIGHT UPPER EXTREMITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: According to page 238 of the ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient presented with persistent right shoulder pain graded 5-8/10 with paresthesia. The patient has focal neurologic deficit. However, an EMG/NCV done last February 11, 2013 showed severe right suprascapular and axillary neuropathy. There were no recent progress notes that show worsening or significant changes in the patient's condition that would warrant another EMG of the right upper extremity. Therefore, the request for EMG of the right shoulder/right upper extremity is not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) STUDY OF THE RIGHT SHOULDER/RIGHT UPPER EXTREMITY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Nerve Conduction Studies (NCS).

Decision rationale: The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly radiculopathy. In this case, the patient presented with persistent right shoulder pain graded 5-8/10 with paresthesia. However, an EMG/NCV done last February 11, 2013 showed severe right suprascapular and axillary neuropathy. Radiculopathy was clearly identified by the previous EMG/NCV and there were no reports of significant changes in the patient's condition. Therefore, the request for NCV of the right shoulder/right upper extremity is not medically necessary.