

Case Number:	CM13-0049053		
Date Assigned:	12/27/2013	Date of Injury:	10/15/2012
Decision Date:	02/27/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/07/2013

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 Texas. 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 42-year-old male who reported an injury on 10/15/2012. Mechanism of injury was pulling a pulling in nature. The patient was diagnosed with left subacromial impingement and bursitis, status post arthroscopy and decompression in 05/2013; history of left shoulder AC joint separation, status post Mumford procedure and by open mouth procedure in 1998, nonindustrial and due to a football injury; and right shoulder impingement and bursitis, rule out rotator cuff tear. The patient was seen for a followup and reported that his symptoms had worsened since his last visit. The patient reported that the right shoulder cortisone injection administered at his last visit provided mild relief for 3 to 4 weeks. With regard to his bilateral shoulders, the patient presented with pain at the posterior aspect that radiates distally through the bilateral arms, tingling in his bilateral ring and small fingers, weakness and night pain. The physical examination revealed right shoulder active painful range of motion with limiting factors of pain and left shoulder active range of motion free of pain. Bilateral upper extremity motor strength was normal. The patient underwent an injection of methylprednisone acetate 40 mg and Marcaine. An MRI of the right shoulder dated 09/27/2013 was negative. The patient had a positive Tinel's sign at the cubital and carpal tunnel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) and nerve conduction velocity (NCV) testing 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 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

Decision rationale: CA MTUS/ACOEM Guidelines state for most patients presenting with elbow problems, special studies are not needed unless a period of at least 4-weeks of conservative care and observation fails to improve their symptoms. Guidelines recommend electromyography (EMG) studies if cervical radiculopathy is suspected as a cause of lateral arm pain, and that condition has been present for at least 6 weeks. Nerve conduction study and possibly EMG if severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely, and there is a failure to respond to conservative treatment. For patients with limitations of activity after 4 weeks and unexplained physical findings such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and revise the treatment strategy if appropriate. Imaging findings should be correlated with physical findings. The patient continued to complain of pain to the right upper extremity. The patient had numbness and tingling in his bilateral middle finger, ring, and small fingers; however, no objective clinical documentation was submitted indicating a failure of conservative measures. Given the lack of documentation to support guideline criteria, the request is non-certified.