

Case Number:	CM13-0049312		
Date Assigned:	12/27/2013	Date of Injury:	06/18/1986
Decision Date:	02/27/2014	UR Denial Date:	10/29/2013
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 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 60-year-old female who reported an injury on 06/18/1986. The patient is diagnosed with cervical disc disease and right shoulder impingement. The patient was seen by [REDACTED] on 10/08/2013. The patient reported persistent pain with limited right upper extremity range of motion. Physical examination revealed improved motor strength and range of motion. Treatment recommendations included electrodiagnostic studies of the bilateral upper extremities, a referral to pain management for medication, and home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

An EMG/NCV study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may be helpful to identify subtle, focal, neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the

documentation submitted, there was no indication of neuropathic pain or a significant neurological deficit upon physical examination. The medical necessity has not been established. Therefore, the request is non-certified.

pain management with [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 88-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or in agreement to a treatment plan. As per the documentation submitted, there is no evidence of a significant musculoskeletal or neurologic deficit upon physical examination. The patient's injury was greater than 27 years ago to date, and there is no indication of an exhaustion of previous treatment. The patient's current medications are not listed. The medical necessity has not been established. Therefore, the request is non-certified.