

Case Number:	CM13-0051919		
Date Assigned:	12/27/2013	Date of Injury:	02/01/2013
Decision Date:	03/10/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/15/2013

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, has a subspecialty in Interventional Spine 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 53-year-old male with date of injury on 02/01/2013. The doctor's first report note from 10/14/2013, [REDACTED], indicates that patient's diagnoses include: 1.) Status post right shoulder surgery 6th of 2010, 2.) Right shoulder sprain/strain, impingement, 3.) Cervical spine sprain/strain with right upper extremity radiculopathy. Physical exam findings included restricted range of motion in the cervical spine as well as the right shoulder. There was tenderness to palpation in the right upper trapezius muscles. There was positive impingement test. There was decreased sensation in the right upper extremity. A request was made for electrodiagnostic studies including EMG and NCV testing for the bilateral upper extremities. Utilization review letter dated 10/31/2013 issued non-certification of these requests as the patient had recently undergone electrodiagnostic studies of the upper extremities which showed mild left median neuropathy at the wrist. This study was performed on 07/16/2013.

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 upper extremities: Upheld

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

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

Decision rationale: The patient continues with neck pain and right shoulder pain with associated decreased sensation in the right upper extremity. ACOEM Guidelines state that electromyography and nerve conduction velocities including H-reflex test, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks. The records appear to indicate the patient had previously undergone an electrodiagnostic testing on 07/16/2013 which showed mild left median neuropathy at the wrist. It is unclear whether or not the treating physician is aware of this recent EMG/NCV study. There does not appear to be any reason to get another one. Therefore, recommendation is for denial.