

Case Number:	CM13-0062462		
Date Assigned:	12/30/2013	Date of Injury:	07/31/2012
Decision Date:	04/11/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/06/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 48-year-old female who reported an injury on 07/31/2012. The injury was noted to have occurred to her right shoulder when a stack of cardboard fell. She is diagnosed with chronic left shoulder sprain, shoulder impingement, and right upper extremity pain. Her symptoms were noted to include right shoulder pain as well as numbness and tingling from her neck into the right shoulder and into the right arm and hand. Her physical examination findings revealed a slightly diminished right biceps reflex noted as 1+/2+, decreased right grip strength. A recommendation was made for electrodiagnostic studies of the upper extremities to confirm and/or rule out radiculopathy and/or neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Study and EMG for upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. 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 rationale: The Expert Reviewer's decision rationale: According to ACOEM Guidelines electromyography and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 to 4 weeks. The patient was noted to have symptoms of pain radiating for her cervical spine through her right upper extremity. Additionally, she was noted to have diminished reflexes and decreased grip strength in the right upper extremity. However, the documentation did not show any subjective complaints of radicular pain into the left upper extremity or findings of neurological deficits in the left upper extremity. Therefore, electrodiagnostic testing in the right upper extremity may be supported; however, the request for nerve conduction study and EMG for the bilateral upper extremities is not supported. As such, the request is non-certified.