

Case Number:	CM13-0069718		
Date Assigned:	01/03/2014	Date of Injury:	01/17/2012
Decision Date:	06/04/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/23/2013

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 Orthopedic Surgery 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 progress note dated December of 2013 noted increased symptomatology relative to the right shoulder. An injection into the shoulder noted temporary relief; however, the effects of the injection have been lost. The left shoulder is noted to have improved. A slight decrease of shoulder range of motion is reported and impingement signs are positive. The diagnosis was right shoulder subacromial decompression and left shoulder compensatory impingement. Surgical intervention to the right shoulder is suggested. Upper extremity electromyography was completed in November 2013 and a normal study of the bilateral upper extremities was reported. Subsequent to the shoulder surgery, there was an episode of weakness without any noted neurologic component. An agreed medical examination was completed in September, 2013. The physical examination noted a slight decrease in cervical spine range of motion, no atrophy and a decrease in grip strength. The impression was a right shoulder injury with impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV OF THE RIGHT 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 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: When noting the reported mechanism of injury, the physical examination reported by the agreed medical provider and the lack of any specific neurologic findings noted on physical examination, there is no clinical indication for an electrodiagnostic assessment. Furthermore, one has been recently completed. Therefore, this request is not indicated.