

Case Number:	CM13-0069788		
Date Assigned:	01/03/2014	Date of Injury:	09/14/2011
Decision Date:	07/18/2014	UR Denial Date:	12/09/2013
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 American Board of Neurological 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 injured worker is a 49 year-old male who was reportedly injured on 9/14/2011. The mechanism of injury is noted as strain of his neck and right upper extremity while performing his usual occupational duties as a painter. The most recent progress note dated 11/20/2013, indicates that there are ongoing complaints of right shoulder pain. The physical examination demonstrated pain with forward flexion which is limited to 150, external rotation 35, abduction 90, slight weakness with rotation. There is numbness and tingling in the C-6 nerve distribution, with associated loss of grip strength. Diagnostic imaging studies include an magnetic resonance image of the right shoulder dated 11/08/2013 which revealed postsurgical changes, no evidence of a re-tear of the supraspinatus or infraspinatus. There was an increased signal which may represent tendinosis of the supraspinatus. Intra substance partial tear cannot be excluded. Edema noted within and around the inferior glenohumeral ligament, which is thickened. The patient had small effusion with possible mild synovitis within the rotator interval. Degeneration of the anterior labrum, minimal anterior glenoid spurring. Previous treatment includes right shoulder arthroscopy, physical therapy, occupational therapy, and medications. A request had been made for electromyogram/nerve conduction velocity (EMG/NCV) of the right upper extremity and was not medically necessary in the pre-authorization process on 11/22/2013.

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: Decision based on MTUS Chronic Pain Treatment Guidelines ELECTROMYOGRAPHY (EMG) Page(s): 33.

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

Decision rationale: EMG/NCV are helpful to identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. After reviewing the medical documentation particularly the note on 11/12/2013 which discusses numbness and tingling in the C6 distribution. I was not able to find any other documentation of a neurological exam or time/duration the symptoms have been present. Given the lack of documentation concerning a neurological exam, and the unknown time the symptoms have been present, this request is considered to be not medically necessary.