

Case Number:	CM14-0018453		
Date Assigned:	04/18/2014	Date of Injury:	04/08/2013
Decision Date:	06/30/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/13/2014

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 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:

This 50 year-old female patient sustained an injury on 4/8/13 while employed by [REDACTED]. Request(s) under consideration include Bilateral EMG (Electromyography) of The Upper Extremities and Bilateral NCV(Nerve Conduction Velocity) of The Upper Extremities. Report from the provider noted the patient with shoulder pain from mopping under a table. MRI of the shoulder (undated) showed partial thickness tear of the supraspinatus tendon and type II acromial process. Conservative care has included 6 sessions of physical therapy, medications, and activity modification. Exam on report of 12/9/13 showed decrease range of motion in the right shoulder with decreased grip strength on the right compared to left side. There was no report of other motor, sensory, DTRs (Deep tendon reflexes) or provocative testing documented. Request(s) for Bilateral EMG of The Upper Extremities and Bilateral NCV (Nerve Conduction Velocity) of The Upper Extremities was non-certified on 1/14/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL EMG OF THE UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: SPECIAL STUDIES AND DIAGNOSTIC AND TREATMENT CONSIDERATIONS, CHAPTER 9-SHOULDER COMPLAINTS, 207, 213-214

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , 8 - NECK AND UPPER BACK, SPECIAL STUDIES AND DIAGNOSTIC AND TREATMENT CONSIDERATIONS, 177-178

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with cervical radiculopathy, foraminal or spinal stenosis, or entrapment syndrome, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any radicular symptoms or clinical findings to suggest any cervical radiculopathy or entrapment syndrome of the extremities, only with continued shoulder pain with MRI findings of rotator cuff tear without specific consistent myotomal or dermatomal correlation to support for electrodiagnostics for a patient with shoulder injury. Therefore, the request for bilateral EMG (Electromyography) of the upper extremities is not medically necessary and appropriate.

BILATERAL NCV OF THE UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: SPECIAL STUDIES AND DIAGNOSTIC AND TREATMENT CONSIDERATIONS, CHAPTER 9-SHOULDER COMPLAINTS, 207, 213-214

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), 8 - NECK AND UPPER BACK, SPECIAL STUDIES AND DIAGNOSTIC AND TREATMENT CONSIDERATIONS, 177-178

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