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| Case Number: | CM14-0114687 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 02/13/2014 |
| Decision Date: | 10/01/2014 | UR Denial Date: | 07/01/2014 |
| Priority: | Standard | Application Received: | 07/22/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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:

According to the documents for review, the patient is a 32 year old male. The data of injury is February 13, 2014. The patient sustained an injury to the right shoulder during a slip and fall accident. The specific mechanism of injury was not elaborated on in the notes available for review. The patient is diagnosed with mild rotator cuff tendinitis/strain. The patient currently complains of right shoulder pain, decreased range of motion of the right shoulder, and associated cervical/trapezius paraspinal muscle spasm. A request for electromyography/nerve conduction velocity of the right upper extremity was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV (electromyography/nerve conduction velocity) of the right upper extremity:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: (Electromyography (EMG) and Nerve Conduction Studies (NCS))

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 213.

Decision rationale: According to the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition guidelines, Chapter 9, page 213 regarding shoulder complaints, EMG/NCV is not recommended as part of a shoulder pain evaluation and work up. The patient's current symptoms and physical exam do not warrant and are not amenable to a valuation by EMG/NCV. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.