

Case Number:	CM14-0117959		
Date Assigned:	08/06/2014	Date of Injury:	03/13/2006
Decision Date:	10/01/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/28/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 71-year-old male who reported an injury on 03/13/2006. The mechanism of injury was not provided. On 06/25/2014, the injured worker presented with complaints related to the neck and bilateral shoulders. Upon examination, the injured worker was in no acute distress. The injured worker walked without difficulties or a perceptible limp and is able to ascend onto and off the examination table without difficulties. Examination of the cervical spine revealed tenderness to the neck paraspinal muscles with pain. Examination of bilateral shoulders noted mild evidence of scapulothoracic dyskinesia, positive Neer's and Hawkin's test, and a positive cross arm reduction test. Motor testing was 4/5 with associated pain. There was a positive O'Brien's test and a positive apprehensive and relocation test with no evidence of pain or instability with the posterior axial load test. There was also tenderness noted over the bicipital groove. The diagnoses were C5-6 cervical disc herniation with underlying osteoarthritis, right shoulder partial rotator cuff tear, subacromial impingement syndrome, and incomplete recession of the distal clavicle and acromioclavicular joint arthritis and severe calcific tendinitis. Prior therapy included physical therapy, cortisone injection without significant improvement and medications. The provider recommended an EMG/NCS of the right upper extremity and a consultation with a neurologist to evaluate radiculopathy in the right upper extremity with correlation to the cervical spine. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS 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) Shoulder (Acute & Chronic) Electrodiagnostic testing for TOS (thoracic outlet syndrome) Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Nerve Conduction Studies.

Decision rationale: The California MTUS/ACOEM state that an electromyography (EMG), nerve conduction study (NCS) including H reflex test may help identify subtle focal neurologic dysfunction in injured workers with neck or arm symptoms or both lasting more than 3 to 4 weeks. The Official Disability Guidelines do not recommend nerve conduction studies when there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. The systematic review and meta analysis demonstrate the neurologic testing procedures have overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. The management of spine trauma with radicular symptoms, EMG/nerve conduction studies often have low sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/nerve conduction velocities. In this case, the physical examination noted pain and tenderness over the cervical spine. There was lack of documentation on decreased sensation or muscle weakness and other symptoms that would be indicated of a nerve impingement. As the guidelines do not recommend a nerve conduction study, a nerve conduction study and an electromyography would not be indicated. As such, the request for EMG/NCS of the right upper extremity is not medically necessary and appropriate.

Consultation with a neurologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163

Decision rationale: The California MTUS/ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and return to work. There was no clear rationale to support the need for a neurologist consultation. As such, the request a consultation with a neurologist is not medically necessary.