

Case Number:	CM14-0133273		
Date Assigned:	08/22/2014	Date of Injury:	04/27/2013
Decision Date:	11/06/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/20/2014

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 Medicine 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 case involves a 34 year old male with a 4/27/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/2/14 noted subjective complaints of right shoulder pain. The objective findings included paracervical tenderness; right shoulder decreased ROM; positive impingement sign; and normal sensation and symmetric DTRs of the bilateral upper extremities. Diagnostic Impression includes cervical radiculitis and status post SLAP repair. Treatment to date includes medication management and physical therapy. A UR decision dated 8/13/14, denied the request for EMG/NCS right upper extremity. There is a lack of clarity of medical necessity for this current request.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyelography) study of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (updated 08/04/14), Electromyelography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)), Neck and Upper Back Chapter

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, there is no clear documentation of objective neurological abnormalities on physical examination to suggest the diagnosis of cervical radiculopathy. Additionally, there is no clear documentation of failure of conservative management. Therefore, the request for EMG (electromyelography) study of the right upper extremity is not medically necessary.

NCS (nerve conduction study) of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 07/10/14), Electrodiagnostic testing (EMG/NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, there is no clear documentation of objective neurological abnormalities on physical examination to suggest the diagnosis of cervical radiculopathy. Additionally, there is no clear documentation of failure of conservative management. Therefore, the request for NCS (nerve conduction study) of the right upper extremity is not medically necessary.