

Case Number:	CM14-0152749		
Date Assigned:	09/22/2014	Date of Injury:	08/29/2009
Decision Date:	11/28/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/18/2014

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 Occupational Medicine, and is licensed to practice in Illinois. 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 35 year old woman who tried to catch a falling box and felt immediate burning and stinging in her right shoulder on Aug 29, 2009. A magnetic resonance imaging (MRI) of the right shoulder in January of 2010 showed a small partial tear of the subscapularis tendon without retraction. The worker complained of inability to reach overhead, 7/10 pain in the shoulder, waking up at night due to pain and numbness and weakness in the arm. An exam was noted for restriction in range of motion and decreased arm and grip strength of the right upper extremity. Diagnoses include right shoulder impingement, right shoulder tendon tear, chronic right shoulder pain and tendinitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 209;269 -272.

Decision rationale: The injured worker has continued complaints of right shoulder impingement, right shoulder tendon tear, chronic right shoulder pain and tendinitis. The pain

started after a work injury Aug 29, 2009. Per the evidence based guidelines, an electromyography for the upper extremity is not recommended for forearm, wrist and hand or shoulder complaints. Per the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, electromyography may be recommended to help identify subtle neurologic dysfunction in injured workers with neck and arm symptoms lasting more than 3-4 weeks despite conservative treatment. This worker has not had the recommended evidence-based physical therapy post-injury. Therefore, she has not fulfilled the criteria of conservative treatment and the request is not medically necessary.

EMG right upper extremity: Upheld

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Decision rationale: The injured worker has continued complaints of right shoulder impingement, right shoulder tendon tear, chronic right shoulder pain and tendinitis. The pain started after a work injury Aug 29, 2009. Per evidence based guidelines an electromyography for the upper extremity is not recommended for forearm, wrist and hand or shoulder complaints. Per the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, electromyography may be recommended to help identify subtle neurologic dysfunction in injured workers with neck and arm symptoms lasting more than 3-4 weeks despite conservative treatment. This worker has not had the recommended evidence-based physical therapy post-injury. Therefore, she has not fulfilled the criteria of conservative treatment and the request is not medically necessary.