

Case Number:	CM14-0153583		
Date Assigned:	09/23/2014	Date of Injury:	04/01/2014
Decision Date:	10/24/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/19/2014

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 Management 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:

According to the records made available for review, this is a 41-year-old male with a 4/1/14 date of injury. At the time (8/22/14) of Decision for EMG right upper extremity and NCV right upper extremity, there is documentation of subjective (right shoulder pain) and objective (tenderness to palpitation over the acromioclavicular joint, greater tuberosity, and proximal biceps; decreased rotator cuff strength in the infraspinatus, supraspinatus, and subscapularis; and positive impingement test) findings, current diagnoses (right shoulder impingement with partial thickness rotator cuff and acromioclavicular joint arthritis), and treatment to date (medications, Cortisone injections, and Physical Therapy). A 9/11/14 medical record identifies subjective (positive Tinel and Phalen) and objective (continuation of pain radiating down to the right upper extremity) findings; and a diagnosis of possible right cubital or carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG right upper extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 33.

Decision rationale: The ACOEM Guidelines identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of right shoulder impingement with partial thickness rotator cuff and acromioclavicular joint arthritis. In addition given documentation of subjective (positive Tinel and Phalen) and objective (continuation of pain radiating down to the right upper extremity) findings, there is documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for EMG right upper extremity is medically necessary.

NCV right upper extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177; 33.

Decision rationale: The ACOEM Guidelines identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of right shoulder impingement with partial thickness rotator cuff and acromioclavicular joint arthritis. In addition given documentation of subjective (positive Tinel and Phalen) and objective (continuation of pain radiating down to the right upper extremity) findings, there is documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for NCV right upper extremity is medically necessary.