

Case Number:	CM14-0156514		
Date Assigned:	09/26/2014	Date of Injury:	04/01/2014
Decision Date:	10/27/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/24/2014

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 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:

Injured worker is a male with date of injury 4/1/2014. Per utilization review clinical summary, the injured worker was reportedly injured when a freight elevator door fell onto his shoulder. He received six physical therapy visits which he claimed made his symptoms worse. On 5/9/2014 he was re-evaluated, and his examination demonstrated a negative Spurling's, normal symmetrical reflexes, and a normal motor and sensory examination. He reported decreased sensation to the entire right upper extremity. Per visit summary dated 5/30/2014, the injured worker was diagnosed with 1) contusion, shoulder, right 2) strain, cervical spine 3) sprain, thoracic spine. He changed treating physician's and on 7/14/2014 the examination reported 4/5 weakness of the entire right shoulder in all planes of movement. He was diagnosed with 1) cervical spine radiculitis 2) thoracic spine myofascitis 3) lumbar spine myofascitis 4) right shoulder impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/ NCV study of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The clinical documentation provided for review do not establish medical necessity for this request within the recommendations of the MTUS Guidelines. Shoulder weakness is documented, but there are no neurological findings that suggest nerve dysfunction that may be better identified with the use of EMG and NCV. It appears that only the right shoulder is affected, and it is not clear why the requesting provider wants EMG/NCV study of the bilateral upper extremities. The request for EMG/ NCV study of the bilateral upper extremities is not medically necessary.