

Case Number:	CM14-0159120		
Date Assigned:	10/02/2014	Date of Injury:	03/11/2012
Decision Date:	11/06/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/29/2014

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:

The applicant has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of March 11, 2012. Thus far, the applicant has been treated with the following: analgesic medications; topical compound; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy. In a Utilization Review Report dated September 11, 2014, the claims administrator denied a request for electrodiagnostic testing of the right upper extremity. In a March 10, 2014 progress note, the applicant reported persistent complaints of neck and shoulder pain. Limited range of motion was appreciated by the injured shoulder. Norco, Flexeril, Voltaren, and Protonix were endorsed. The applicant was given a shoulder corticosteroid injection. On June 5, 2014, both a psychiatry consultation and dentistry consultation were sought. On July 17, 2014, the applicant reported persistent complaints of shoulder pain. An ancillary complaint of neck pain was noted. Some weakness and limited range of motion were appreciated by the shoulder. Norco, Soma, and work restrictions were sought. On August 19, 2014, the applicant reported neck pain, shoulder pain, and low back pain. The applicant is status post right shoulder surgery and a hernia repair surgery, it was noted. Good strength was noted on neurologic exam. MRI imaging of the lumbar spine was sought to further workup the applicant's low back pain complaints. On August 28, 2014, the applicant reported increasing numbness and tingling about the right upper extremity. Decreased sensation was noted about all fingers of the right hand. Electrodiagnostic testing of the right upper extremity was sought.

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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 178, EMG and/or NCV testing can be employed to help establish a diagnosis of subtle nerve root dysfunction in applicants with neck or arm symptoms which persist greater than three to four weeks. In this case, the applicant does have longstanding neck and right upper extremity complaints with associated paresthesias in multiple digits. Obtaining the EMG testing in question to help establish a possible diagnosis of cervical radiculopathy is indicated. Therefore, the request is medically necessary.

NCV right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 178, EMG and/or NCV testing can be employed in applicants with neck or arm symptoms which persist beyond three to four weeks in whom subtle, focal neurological dysfunction is suspected. In this case, the applicant has paresthesias of the right arm of uncertain etiology. Given the shoulder and/or neck complaints, several items are on the differential diagnoses, including cervical radiculopathy versus brachial plexopathy versus peripheral nerve injury following earlier shoulder surgery. The NCV testing at issue can help to distinguish between some of the diagnostic considerations present here. Therefore, the request is medically necessary.