

Case Number:	CM14-0167247		
Date Assigned:	10/14/2014	Date of Injury:	10/22/2013
Decision Date:	11/21/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/10/2014

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 is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 22, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 8, 2014, the claims administrator denied a request for electrodiagnostic testing of the right upper extremity. The claims administrator stated that it was basing its decision on non-MTUS Third Edition ACOEM Guidelines and non-MTUS ODG Guidelines, neither of which were incorporated into the report rationale. The claims administrator stated that the attending provider's documentation was scant and did not support or substantiate the request. The applicant's attorney subsequently appealed. In a September 26, 2014 progress note, the applicant reported 3-4/10 shoulder pain with associated bilateral finger and hand pain. The applicant attributed his symptoms to an industrial lifting injury several years prior. Positive median and ulnar nerve compression testing was noted bilaterally. Electrodiagnostic testing of the bilateral upper extremities and MRI imaging of the right shoulder were sought. It was stated that a medical-legal evaluation was pending. The applicant's work status was not clearly stated. In an earlier note dated August 11, 2014, the applicant reported persistent complaints of shoulder pain. The applicant stated that he had been working with pain for the last several years. The applicant had difficulty making a fist with both hands. The applicant was having intermittent finger pain complaints, it was noted. The applicant was given a diagnosis of right shoulder internal derangement versus shoulder traumatic arthropathy versus bilateral carpal tunnel syndrome. It was stated that the applicant's various issues were a function of cumulative trauma at work. Both

MRI imaging of the shoulder and electrodiagnostic testing of the bilateral upper extremities were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the Right Upper Extremity as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic studies, including the EMG and NCV at issue, may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. In this case, the applicant has a variety of complaints, including shoulder complaints, upper extremity paresthesias, etc. The electrodiagnostic testing at issue can help to differentiate between carpal tunnel syndrome and other considerations, such as brachial plexopathy. Therefore, the request is medically necessary.