Case Number:	CM14-0167503		
Date Assigned:	10/14/2014	Date of Injury:	02/18/2013
Decision Date:	11/17/2014	UR Denial Date:	09/18/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 57 year old male with an injury date of 2/18/13. Based on the 8/27/14 progress report by [redacted] this complains of pain in the "neck, upper back, lower back, and right shoulder." Light touch sensation exam of (R) mid-anterior thigh, (R) mid-lateral calf, (R) lateral ankle "are intact."The 4/02/14 electrodiagnostic studies of the right upper extremity showed: 1. Entrapment neuropathy of the median nerve at the right wrist with moderate slowing of nerve conduction velocity (Carpal Tunnel Syndrome). 2. Entrapment neuropathy of the ulnar nerve across the right elbow with mild slowing of nerve conduction velocity. (Cubital Tunnel Syndrome) 3. Mild entrapment neuropathy of the ulnar nerve at the right wrist mainly affecting the sensory fibers. (Guyon Canal Syndrome). 4. No electrophysiological evidence to support thoracic outlet syndrome or motor radiculopathy in the right upper extremity. 5. The electromyographic findings did not reveal any "evidence of positive sharp waves or fibrillation on the sampled muscles" and the motor unit potentials "had normal amplitude, duration, and configuration."The 6/03/14 MRI of right shoulder w/o GAD findings were: 1. There is relatively large Hill-Sachs deformity in the posterolateral aspect of the humeral head with marrow edema and cortical impaction. There is also a tear of the anterior and anterior inferior labrum, consistent with a labroligamentous Bankart lesion. 2. There is no evidence of rotator cuff tear. The supraspinatus, teres minor and subscapularis tendons are unremarkable. 3. The long head of the biceps tendon is within the bicipital groove and its attachment to the supraglenoid tubercle is unremarkable. Mild to moderate acromioclavicular joint degenerative changes are seen. The 5/01/14 supplemental

report by the Orthopedic Qualified Medical Evaluator notes that he "did not feel we have an adequate explanation for the findings that were noted in my examination of winging of the scapula," thereby wished to defer further examination to a board certified neurologist. Diagnoses for this patient are: 1. Cervical Spine Disc Bulge 2. Thoracic Spine Disc Bulge 3. Lumbar Spine Disc Rupture 4. Right Shoulder Internal Derangement 5. Other Problems Unrelated to Current Evaluation Work status as of 8/27/14: "Remain off work for 6 weeks." The utilization review being challenged is dated 9/16/14. The request is for muscle test one limb. The requesting provider is [redacted] and he has provided various reports from 4/03/14 to 8/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle test one limb (repeat EMG/NCV): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations Page.

Decision rationale: This patient presents with pain in the neck, upper back, lower back, and right shoulder. The treating physician requests muscle test one limb. ACOEM says, "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In the 8/27/14 progress report, this patient denies having any new numbness or any new tingling, and any new injuries. Also, light touch sensation exam of (R) mid-anterior thigh, (R) mid-lateral calf, (R) lateral ankle "are intact." This patient had EMG/NCV studies conducted on 4/02/14, but the treating physician does not explain why another set of studies are needed, in light of no new injury, new neurologic findings or deficits, and no surgery, to repeat them. Given the lack of documentation to warrant repeat of studies, the request is not medically necessary.