

Case Number:	CM14-0169252		
Date Assigned:	10/17/2014	Date of Injury:	12/18/2009
Decision Date:	11/19/2014	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	10/14/2014

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 Orthopedic Surgery, and is licensed to practice in Minnesota. 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 injured worker is a 54 year old male with a history of right shoulder injury on 12/18/2009. A rotator cuff repair was performed in 2010 with a good result. He did well until April 2014 when he developed neck and right upper extremity pain associated with some numbness of the arm. A repeat MRI of the right shoulder revealed status post-surgery with anchor, residual tendinopathy and/or tiny partial tear at the lateral edge of the supraspinatus tendon. He was treated with physical therapy .He has had Orthopedic, PM&R and Pain Consultations. The recent Physical Medicine and Pain Consultations indicate radicular pain in the right upper extremity associated with a positive Spurling sign and radicular paresthesias and numbness in the thumb, index, and long fingers and the palm. The disputed issues pertain to the medical necessity of EMG and Nerve Conduction Studies that were denied by UR on 10/04/2014. However, additional medical records have since been submitted in support of the request for the electrophysiologic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS, 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): 178.

Decision rationale: Subsequent to the utilization review additional medical records have been submitted. A Physical Medicine & Rehabilitation Consultation of 10/09/2014 indicates radicular pain in the right upper extremity with positive Spurling and root tensions. Shoulder exam including Neer and Hawkins was negative. 4/5 Motor weakness on the right as compared to 5/5 on the left was present. The Pain Specialist documented complaints of numbness in the palm and the 1st, 2nd, and 3rd fingers of the right hand. An MRI scan of the cervical spine was recommended. The California MTUS guidelines indicate that when neurological examination is less clear further physiological evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities including H-reflex tests may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. Based upon the additional medical records the request for EMG/NCS of the right upper extremity is medically necessary.