

Case Number:	CM14-0174551		
Date Assigned:	10/27/2014	Date of Injury:	02/20/2014
Decision Date:	12/03/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/21/2014

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 2/20/2014. Per periodic report and request for authorization dated 9/26/2014, the injured worker reports that his pain is the same. There is sharpness, pins and needles, tingling and numbness in his pain. Pain is 5-6/10, which was 6/10 on last visit. He is currently immobilizing the right thumb after the surgery. Pain is constant in his elbow and brought on with movement of his shoulder. He is taking histreatment as indicted. He has started physical therapy for the right thumb. He is off work as work restrictions have not been able to be accommodated. On examination of the right shoulder, there is tenderness to palpation over the AC joint and also superior pole of the humerus. Active range of movement is full with a slight lagh in the right shoulder perhaps off 10 degrees in abduction and forward flexion. Motor strength is 5/5. Sensory examination in the right upper extremity is intact. Motor examination in the right upper extremity is 5/5 throughout. Right upper extremity deep tendon reflexes are 2/4. Hoffman's reflex and Spurling's test are negative on the right. Right radial pulse and ulnar pulse are 2+. Capillary refill for the right upper extremity is <2 seconds. Diagnoses include 1) right shoulder pain status post rotator cuff repair five years ago 2) right shoulder AC joint arthritis 3) right thumb advanced osteoarthritis status post recent surgery 4) right lateral epicondylitis 5) rule out right carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 medical reports indicate that the injured worker has right upper extremity symptoms. On examination the injured worker is neurologically intact in the right upper extremity. The left upper extremity is not addressed. There is a lack of objective data to support peripheral nerve pathology in the bilateral upper extremities. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for EMG/NCV Bilateral Upper Extremity is determined to not be medically necessary.