

Case Number:	CM14-0179031		
Date Assigned:	11/03/2014	Date of Injury:	05/16/2013
Decision Date:	12/09/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/28/2014

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 May 18, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and earlier shoulder arthroscopy and labral repair surgery. In a Utilization Review Report dated October 15, 2014, the claims administrator failed to approve a request for electrodiagnostic testing of the right upper extremity. The claims administrator stated, somewhat incongruously, that appropriate time had not been allowed for conservative care but then stated, in another section of the note that he applicant was now one year and five months removed from the date of injury. Both the MTUS Guidelines in ACOEM Chapter 10 and ODG Guidelines were cited, but not necessarily invoked in the rationale. The claims administrator stated that its decision was based on an RFA form of October 8, 2014 and associated progress notes of October 3, 2014 and September 24, 2014. The applicant's attorney subsequently appealed. In a May 14, 2014 progress note, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of shoulder pain. An additional 12 sessions of physical therapy were sought. The applicant did undergo the shoulder arthroscopy, subacromial decompression, labral repair surgery in question on April 20, 2014. On May 5, 2014, the applicant did report ongoing complaints of shoulder pain and right upper extremity pain with associated headaches. Psychological complaints were also reported. The applicant's medication list included Percocet, Motrin, and Flexeril. The applicant was still smoking a pack a day. The applicant was placed off of work, on total temporary disability. In a physical therapy progress note dated June 12, 2014, the applicant presented with persistent complaints of shoulder pain. It was stated that the applicant had had previous nerve conduction testing which showed damage to the long thoracic nerve. The applicant did report attendant complaints of sleep disturbance. In a

progress note dated October 22, 2014, the applicant was given a problem list which included brachial plexopathy, psychophysiologic disorder, adhesive capsulitis, full-thickness rotator cuff tear, fibromyositis, and unspecified disorders of the shoulder region. The applicant was placed off of work, on total temporary disability. It was stated that the applicant was using Percocet, Norco, and Soma for pain relief. Positive signs of internal impingement were appreciated about the shoulder with some hyposensorium noted about the right upper extremity on exam. A positive Spurling maneuver was noted. The applicant reportedly had winging of the scapula, it was stated. The attending provider alluded to the applicant's carrying a diagnosis of right long thoracic nerve injury. Strengthening exercises were sought. The attending provider alluded to the applicant's having had earlier electrodiagnostic testing of February 27, 2014 demonstrating mild right-sided carpal tunnel syndrome and chronic long thoracic mononeuropathy. On October 24, 2014, the applicant was again placed off of work owing to reported ongoing shoulder and neck pain complaints. The attending provider alluded to the applicant's having winging of the scapula. It was stated that electrodiagnostic testing and a cervical spine MRI were denied. The attending provider placed the applicant off of work and stated that further workup for the cervical spine was still pending. In a progress note dated October 3, 2014, the applicant's orthopedic surgeon stated that the applicant had shooting pains about the right arm and lateral three digits. It was stated that the applicant had a negative Tinel sign at the cubital tunnel. Electrodiagnostic testing was ordered to rule out cubital tunnel syndrome. The applicant was again placed off of work, on total temporary disability.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 28, 42. Decision based on Non-MTUS Citation Official Disability Guidelines online treatment guidelines

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that electrodiagnostic testing may be repeated later in the course of treatment in applicants in whom earlier testing was negative, in this case, however, the applicant has had earlier positive electrodiagnostic testing of February 27, 2014 which did demonstrate a long thoracic nerve mononeuropathy and right-sided carpal tunnel syndrome. It is not clear why repeat electrodiagnostic testing is being sought in the face of the applicant's having already had prior positive electrodiagnostic testing which did definitively establish diagnoses of carpal tunnel syndrome and long thoracic neuropathy which do account for the applicant's symptoms of upper extremity paresthesias, winging of the scapula, etc. It appears, moreover, that the requesting provider may be unaware of the previous positive test results. It appears, furthermore, based on the provided documentation that the requesting provider may be unaware of the prior positive test results ordered by another provider. Therefore, the request is not medically necessary.

