

Case Number:	CM14-0180392		
Date Assigned:	11/05/2014	Date of Injury:	03/17/2010
Decision Date:	12/10/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/30/2014

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 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 is a 29-year-old male with a 3/17/2010 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 9/10/14 noted subjective complaints of left shoulder and left upper extremity pain. Objective findings included decreased sensation circumferentially the LUE as well as decreased motor strength throughout the LUE. Diagnostic Impression: cervical strain with radiculitis and labral tear of the left shoulder. Treatment to Date: medication management, chiropractic, and s/p left shoulder arthroscopic surgery. A UR decision dated 10/17/14 denied the request for EMG/NCV bilateral upper extremity. There is no distribution given regarding the decreased sensation. Also, symptoms appear to be in the LUE; there is unclear indication for RUE testing.

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 Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment, Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, in the documents available for review, there is no clear documentation of neurological findings in a dermatomal distribution. There is mention of decreased sensation circumferentially as well as diffuse decreased strength in the LUE. These findings are not consistent with a cervical radiculopathy. Additionally, there is no clear documentation of failure of conservative management such as physical therapy. Finally, there is no documentation of right sided upper extremity subjective or objective findings. Therefore, the request for EMG/NCV bilateral upper extremities was not medically necessary.