

Case Number:	CM14-0181435		
Date Assigned:	11/06/2014	Date of Injury:	10/01/2012
Decision Date:	12/12/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/31/2014

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 and is licensed to practice in Wisconsin. 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 57-year-old female who reported an injury on 10/01/2012. The mechanism of injury was a fall. Her diagnosis was noted to include right shoulder pain. Her past treatments were noted to include medication, cortisone injections, work modification, physical therapy, home exercise program, and cryotherapy. The MRI of the right shoulder on 04/19/2013 revealed tendinosis and peritendinitis of the supraspinatus tendon with no rotator cuff tear, small joint effusion of the glenohumeral joint, and mild arthritic changes in the acromioclavicular joint with no fracture or dislocation. She is status post right shoulder arthroscopic decompression and debridement, dated 06/06/2014. During the assessment on 09/30/2014, the injured worker complained of right shoulder pain, and rated the pain 3-4/10. She stated that the pain was constant, but was improving. However, she was noted to be developing "left upper extremity pain" secondary to compensatory factors. She also complained of paresthesia in the right upper extremity to the fingers with weakness. The physical examination revealed decreased range of motion of the right shoulder, as well as decreased motor strength to 4/5 with flexion and abduction. Her medications were noted to include naproxen sodium 550 mg and Prilosec 20 mg. The treatment plan was to continue medications and request an authorization for EMG/NCV of the bilateral upper extremities. The rationale for the EMG/NCV of the bilateral upper extremities was to rule out right brachial plexopathy versus cervical radiculopathy due to "paresthesia in the right upper extremity and to the fingers with weakness." The Request for Authorization form was dated 10/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Studies (NCS)

Decision rationale: The California MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities, including H reflex test, may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The Official Disability Guidelines further state that nerve conduction studies are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. During the physical examination on 09/30/2014, there were no findings of neurological deficits or any documentation indicating that the injured worker had failed conservative care treatments. The injured worker was noted to have completed 6 sessions of physical therapy for her right shoulder and had reported that the physical therapy she received was helpful. Furthermore, electromyography testing has not been conducted to rule out radiculopathy prior to the request for the nerve conduction study. Also, there is conflicting information regarding whether the injured worker's symptoms are increased in the right or the left upper extremity. Based on the above, clarification is needed prior to proceeding with the requested testing. Given the above, the request for EMG/NCV of the bilateral upper extremities is not medically necessary.