

Case Number:	CM14-0186074		
Date Assigned:	11/13/2014	Date of Injury:	07/12/2013
Decision Date:	12/30/2014	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/07/2014

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 employee who has filed a claim for neck, shoulder, and bilateral upper extremity pain reportedly associated with an industrial injury of July 12, 2013. In a Utilization Review Report dated November 6, 2014, the claims administrator denied a request for Electrodiagnostic testing of the bilateral upper extremities, stating that the attending provider's documentation was not evocative of either a radicular process or a neuropathic process. The applicant's attorney subsequently appealed. In an October 6, 2014 progress note, the applicant reported ongoing complaints of right shoulder pain with burning sensation about the right biceps region. Tenderness was appreciated about the supraspinatus and bicipital groove of the shoulder as well as the acromioclavicular joint. 6/10 pain was reported. The applicant was using Advil and omeprazole. The applicant was not working, it was acknowledged. The applicant was given a Toradol injection. Motrin and Prilosec were renewed. Shoulder MRI imaging was endorsed to rule out labral tear. The applicant was given a rather proscriptive 10-pound lifting limitation, which was seemingly resulting in her removal from the workplace. In an August 21, 2014 progress note, the applicant reported ongoing complaints of right shoulder pain, 6-7/10. The applicant was having numbness and tingling at night, it was stated. Prolonged driving was difficult, it was difficult. MRI imaging of the shoulder was endorsed to rule out a labral tear. Electrodiagnostic testing of the bilateral upper extremities was sought. Toradol injection was again given. It was stated that the applicant had been terminated by her former employer.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 9 Shoulder Complaints Page(s): 272, 213.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 213, EMG or NCV studies are typically "not recommended" as part of a shoulder evaluation for usual diagnosis. Here, the attending provider's documentation did not outline a clear or compelling basis for the proposed Electrodiagnostic testing for primary diagnosis of shoulder pain/suspected labral tear. It was not clearly stated what was sought. It was not clearly stated what was suspected. While the applicant did report burning pain about the shoulder, said burning pain was/is not necessarily inconsistent with the applicant's primary suspected diagnosis of labral tear. It is further noted that all of the applicant's symptoms are seemingly confined to the symptomatic right shoulder/right upper extremity. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 notes that the routine use of NCV or EMG testing in the evaluation of applicants without symptoms is "not recommended." Since the request for Electrodiagnostic testing of the bilateral upper extremities would, by definition, include testing of the asymptomatic left upper extremity, the request, as written, thus, is at odds with ACOEM principles and parameters. Therefore, the request is not medically necessary.