

Case Number:	CM14-0027388		
Date Assigned:	06/13/2014	Date of Injury:	06/15/2002
Decision Date:	08/11/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/04/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 53 year old female who sustained an injury to her left upper extremity on 06/15/02. The mechanism of injury was not documented. She underwent right shoulder surgery dated 04/16/13 and did quite well. Currently, the injured worker did not have any ongoing pain in her neck and right shoulder her clinical note dated 11/14/13. She had some difficulty with her left shoulder during overhead lifting, reaching behind her back and to her side. She complained of some weakness when reaching in all directions. Physical examination of the left shoulder noted positive impingement; weakness with external rotation/abduction; forward flexion to 150 degrees, external rotation to 45 degrees, and abduction to 9 degrees; mildly positive impingement; mild pain over acromioclavicular joint; pain over biceps tendon. The injured worker was returned to full duty without restrictions. It was noted that she was not eligible for vocational rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (ELECTROMYOGRAPHY TEST) OF THE LEFT UPPER EXTREMITY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Electromyography (EMG).

Decision rationale: The request for electromyogram/nerve conduction velocity of the left upper extremity is not medically necessary. After reviewing the clinical documentation submitted for review, there was no additional significant objective clinical information provided for review that would support reversing the previous adverse determination. Given this, the request is not indicated as medically necessary.

NCS (NERVE CONDUCTION STUDY) OF THE LEFT UPPER EXTREMITY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Nerve conduction studies (NCS).

Decision rationale: The request for electromyogram/nerve conduction velocity of the left upper extremity is not medically necessary. As such, medical necessity of the request could not be determined. After reviewing the clinical documentation submitted for review, there was no additional significant objective clinical information provided for review that would support reversing the previous adverse determination. Given this, the request is not indicated as medically necessary.