

Case Number:	CM14-0028181		
Date Assigned:	03/19/2014	Date of Injury:	02/16/2012
Decision Date:	04/28/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/05/2014

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 & Rehabilitation 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 patient is a 64-year-old male who reported injury on 02/16/2012. The mechanism of injury was noted to be the patient had his left arm jerked when a lid he was holding onto fell. The patient had surgery of the left shoulder in mid-2013, along with a postoperative injection and 7 postoperative physical therapy visits. The physical examination on 02/10/2014 revealed the patient had complaints of ongoing anterior and lateral left shoulder pain made worse by flexion and adduction. The patient indicated they had occasional numbness and tingling in the dorsum of the left hand and the 3rd, 4th, and 5th fingers. The physical examination revealed the patient had tenderness to palpation over the acromioclavicular joint and a negative impingement sign. The patient had 4/5 strength with internal and external rotation and a negative Tinel's sign at the wrist and elbow. The patient had an MRI of the left shoulder on 09/13/2012. The patient's diagnoses were noted to include rule out brachial plexus injury and rule out right shoulder rotator cuff tear. The request was made for a new MRI to rule out a new rotator cuff tear and electrodiagnostic studies for both upper extremities, as well as a neurologic consultation to rule out brachial plexus injuries. It was indicated, if both studies were negative, the physician would consider a new course of physical therapy or pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for EMG/NCV.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: ACOEM states that electromyography (EMG) and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 weeks or 4 weeks. The clinical documentation submitted for review indicated the patient had no obvious deformity or signs of acute trauma of the left shoulder. The patient had 4/5 strength with internal and external rotation and a negative Tinel's sign at the wrist and elbow. The clinical documentation submitted for review failed to indicate the patient had symptoms or specific myotomal findings to support radiculopathy and which would warrant electromyography. Given the above, the request for EMG of the left upper extremity is not medically necessary.

NCV OF LEFT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for EMG/NCV.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: ACOEM states that electromyography (EMG) and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 weeks or 4 weeks. There was a lack of documentation indicating the patient had nerve entrapment upon examination. Given the above, the request for NCV of left upper extremity is medically necessary.