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| Case Number: | CM14-0031266 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 08/12/2013 |
| Decision Date: | 07/17/2014 | UR Denial Date: | 02/12/2014 |
| Priority: | Standard | Application Received: | 03/12/2014 |

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 and Pain Medicine and is licensed to practice in Florida. 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 46-year-old male who reported an injury on 08/12/2013. The mechanism of injury was having been struck on the shoulder. His prior treatments included physical therapy, chiropractic therapy, epidural steroid injections, corticosteroid injections, and medication management. His diagnosis was noted to be right shoulder sprain/strain. The injured worker had an office visit on 01/30/2014. His subjective complaint was ongoing pain in his right shoulder, although he had made some mild improvement with regards to physical therapy. The physical examination showed pain to palpation of the AC joint; however, he had negative impingement and negative drop tests. There was decreased sensitivity to 3rd, 4th, and 5th fingers. The treatment plan was for the injured worker to undergo an electromyography test to rule out a brachial plexus injury versus ulnar neuropathy. For pain, the injured worker was given a corticosteroid injection at that office visit. The injured worker was to continue on naproxen for anti-inflammatory effect and Prilosec for gastrointestinal upset. The provider's rationale for the requested electromyography of the left shoulder was provided within this documentation. The Request for Authorization for medical treatment was obtained and signed on 02/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 212-214, 561-563.

Decision rationale: The request for electromyography of the left shoulder is non-certified. The California MTUS/American College of Occupational and Environmental Medicine provide a summary of recommendations for shoulder complaints. For detection of neurologic abnormalities, the guidelines rarely recommend nerve conduction tests of the suprascapular nerve. EMG and NCV studies as part of a shoulder evaluation for diagnosis are not recommended. The current treatment plan for the injured worker is to undergo an EMG test to his right upper extremity to rule out a brachial plexus injury versus an ulnar neuropathy. The injured worker stated symptom relief with conservative care as indicated in the summary. Therefore, the request for electromyography of the left shoulder is not medically necessary.