

Case Number:	CM14-0034744		
Date Assigned:	10/23/2014	Date of Injury:	03/19/2013
Decision Date:	11/20/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/20/2014

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, has a subspecialty in Interventional Spine 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 55 years old male with an injury date of 03/19/13. The 02/04/14 progress report by [REDACTED] states that the patient presents with constant left shoulder pain with clicking tingling, popping and numbness radiating down the arm to the hand and fingers. Examination of the left shoulder shows positive impingement sign, positive supraspinatus sign and positive AC joint compression. Paresthesias in the left upper extremity is noted. The patient's diagnoses include: Left shoulder SLAP lesion, moderate rotator cuff tendonitis, AC joint degenerative joint disease with spurring and a type II acromion. The utilization review being challenged is dated 02/20/14. The rationale is that subjective radiation down the arm is not sufficient support and examination does not document deficits in the extremity. Reports were provided from 07/18/13 to 02/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, EMGs (electromyography)

Decision rationale: The patient presents with constant left shoulder pain radiating down the arm to the hand and fingers. The treater requests for EMG bilateral upper extremities. ODG guidelines, EMG/NCS topic, state this testing is recommended depending on indications and EMG and NCS are separate studies and should not necessarily be done together. ODG further states, "...NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The reports provided indicate no prior EMG/NCV studies for this patient. The 02/04/14 report by [REDACTED] states that the patient is a candidate for a left shoulder arthroscopy as, "He has failed conservative management including physical therapy, NSAID and activity restrictions. He clearly has shoulder pathology demonstrated on MRI scan of 05/14/13." The treater does not discuss this request for upper extremity EMG/NCV and the Request for authorization is not provided. In this case, the treater states on 02/04/14 regarding the musculoskeletal examination, "Patient displays no gross deficits except for those noted in extremity exam. No tremors." No sensory examination if provided and the left shoulder inspection does not show sensory deficit. Furthermore, the reports document the left shoulder and arm and the request is for the bilateral upper extremities. In this case, documentation does not support the request. Therefore, the request is not medically necessary.

NCV bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Nerve conduction studies

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, EMGs (electromyography)

Decision rationale: The patient presents with constant left shoulder pain radiating down the arm to the hand and fingers. The treated requests for NCV bilateral upper extremities. ODG guidelines, EMG/NCS topic, state this testing is recommended depending on indications and EMG and NCS are separate studies and should not necessarily be done together. ODG further states, "...NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The reports provided indicate no prior EMG/NCV studies for this patient. The 02/04/14 report by [REDACTED] states that the patient is a candidate for a left shoulder arthroscopy as, "He has failed conservative management including physical therapy, NSAID and activity restrictions. He clearly has shoulder pathology demonstrated on MRI scan of 05/14/13. The treater does not discuss this request for upper extremity EMG/NCV and the Request for authorization is not provided. In this case, the treater states on 02/04/14 regarding the musculoskeletal examination, "Patient displays not gross deficits except for those noted in extremity exam. No tremors." No sensory examination if

provided and the left shoulder inspection does not show sensory deficit. Furthermore, the reports document the left shoulder and arm and the request is for the bilateral upper extremities. In this case, documentation does not support the request. Therefore, the request is not medically necessary.