

Case Number:	CM14-0034946		
Date Assigned:	06/23/2014	Date of Injury:	06/03/2009
Decision Date:	08/22/2014	UR Denial Date:	02/25/2014
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 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 injured worker is a 63-year-old female who reported an injury on 06/03/2009. The mechanism of injury was not stated. The current diagnoses include depression, severe stenosis in the cervical spine, bilateral radiculitis in the upper extremities, right shoulder impingement syndrome, sleep disorder, left shoulder rotator cuff tear, right shoulder rotator cuff tendinitis, status post left shoulder arthroscopy, and status post anterior cervical discectomy and fusion (ACDF). The injured worker was evaluated on 01/22/2014 with complaints of increasing pain in the right shoulder. Physical examination revealed 160 degrees forward elevation, 170 degrees passive elevation, 90 degrees external rotation, 80 degrees internal rotation, positive Neer's and Hawkins sign, and intact sensation. Treatment recommendations at that time included authorization for an electromyography (EMG) and nerve conduction velocity (NCV) studies of the cervical spine and bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) and Nerve conduction velocity (NCV) studies for bilateral upper extremities: Upheld

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

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. The injured worker's physical examination does not reveal any evidence of a musculoskeletal or neurological deficit with regard to the cervical spine or the bilateral upper extremities. The medical necessity for the requested testing has not been established. Therefore, the request is not medically necessary.