

Case Number:	CM14-0034966		
Date Assigned:	06/23/2014	Date of Injury:	10/25/2011
Decision Date:	08/14/2014	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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 57-year-old female who reported an injury on 10/25/2011. The mechanism of injury was not provided for review. The injured worker's treatment history included multiple medications and physical therapy. The injured worker was evaluated on 12/18/2013. It was documented that the injured worker had continued cervical spine pain radiating into the left shoulder. It was documented that the injured worker had a positive Spurling's test and positive tenderness to palpation of the trapezius musculature. An evaluation of the left shoulder documented restricted range of motion and positive acromioclavicular pain. The injured worker's diagnoses included status post left rotator cuff repair, subacromial decompression and debridement, frozen left shoulder, and cervical disc herniation. A request was made for left shoulder physical therapy and cervical spine physical therapy. It was noted that an appeal request for authorization for an MRI, electrodiagnostic studies, and physical therapy was also being submitted. The injured worker underwent an MRI of the cervical spine on 01/24/2014 that documented multilevel disc protrusions with possible encroachment of the exiting nerve roots at C5-6 and C6-7. The injured worker was again evaluated on 02/12/2014. It was documented that the injured worker continued to have pain and discomfort of the cervical spine. Evaluation of the cervical spine documented a positive Spurling's sign, positive trapezius pain, and positive left sided radiculopathy. A treatment request was made for physical therapy, chiropractic care, and an electrodiagnostic study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back: Electromyography.

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends electrodiagnostic studies for patients who require a more precise delineation between radiculopathy and peripheral nerve entrapment. The clinical documentation submitted for review does not provide any evidence of peripheral nerve entrapment. Therefore, the need for an electrodiagnostic study is not clearly indicated. As such, the requested electromyography of the left upper extremity is not medically necessary.

Nerve conduction study of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back: Nerve Conduction Studies.

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends electrodiagnostic studies for patients who require a more precise delineation between radiculopathy and peripheral nerve entrapment. The clinical documentation submitted for review does not provide any evidence of peripheral nerve entrapment. Therefore, the need for an electrodiagnostic study is not clearly indicated. As such, the requested nerve conduction study of the left upper extremity is not medically necessary.

Electromyography of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back: Electromyography.

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends electrodiagnostic studies for patients who require a more precise delineation between radiculopathy and peripheral nerve entrapment. The clinical documentation submitted for review does not provide any evidence of peripheral nerve entrapment. Therefore, the need for an

electrodiagnostic study is not clearly indicated. As such, the requested electromyography of the right upper extremity is not medically necessary.

Nerve conduction study of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back: Nerve conduction studies (NCS).

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends electrodiagnostic studies for patients who require a more precise delineation between radiculopathy and peripheral nerve entrapment. The clinical documentation submitted for review does not provide any evidence of peripheral nerve entrapment. Therefore, the need for a nerve conduction study is not clearly indicated. As such, the requested nerve conduction study of the right upper extremity is not medically necessary.