

Case Number:	CM14-0038673		
Date Assigned:	06/27/2014	Date of Injury:	12/27/2006
Decision Date:	08/18/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/02/2014

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 Occupational Medicine 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:

This is a 33-year-old female with a date of injury of 12/27/06. The mechanism of injury was not noted. On 2/24/14, she complained of numbness and tingling to bilateral hands and burning pain down her legs. On exam she had full range of motion and positive impingement sign. The diagnostic impression is right shoulder internal derangement, s/p right shoulder arthroscopy. Treatment to date: modified work duties, medication management. A UR decision dated 3/6/14, denied the request for a muscle test one limb. The request for electromyography and nerve conduction study (EMG/NCS) of the right upper extremity, or a muscle test of one limb, was not medically necessary for the evaluation of right shoulder internal derangement per ODG and ACOEM as it is only recommended in thoracic outlet syndrome (TOS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle test one limb: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter.

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, on 12/18/13, there was a request for an MRA of the right shoulder and left knee, and a request for the reports of the MRA of the right shoulder and left knee was noted on 2/24/14. In addition, the reports of the MRA was not included and on the same date, 2/24/14, an EMG/NCV bilateral upper extremity was requested. In addition, conservative treatment was not noted in the documents provided, only medication management. Guidelines do not recommend EMG/NCV before conservative treatment. Therefore, the request for muscle test one limb, was not medically necessary.