

Case Number:	CM14-0038772		
Date Assigned:	06/27/2014	Date of Injury:	08/16/2012
Decision Date:	08/18/2014	UR Denial Date:	03/05/2014
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 Anesthesiology 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 29-year-old female with a date of injury of 08/16/2012. This patient's diagnoses include left shoulder sprain/strain injury, positive rotator cuff injury and bursitis, lumbosacral sprain/strain injury and left SI lumbosacral radiculopathy. On 02/11/2014 according to the medical record, the patient reports occasional numbness of the left arm without specific dermatomal distribution. The physical examination from this day reveals decreased light touch and pin prick throughout the left upper extremity without specific dermatomal or myotomal distribution. According to the patient's medical record on this day, electrodiagnostic studies of the left arm were planned to assess for neuropathic process. On 02/26/2014 there is documented evidence of reported physical examination findings of rotator cuff impingement to the left shoulder associated with tenderness and decreased range of motion in the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the left upper extremity:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 170, 204, 212-213, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-

99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Electrodiagnostic Testing.

Decision rationale: This is a review for requested electrodiagnostic studies of the left upper extremity to assess for a neuropathic process. This patient had previous physical therapy sessions in 2012 which resulted in improvement of symptoms. More recently in February 2014 there is a reported occasional numbness in the left arm. There is also a documented recommendation of evidence-based treatment for rotator cuff impingement syndrome. According to the ACOEM guidelines electrodiagnostic studies are not recommended for shoulder impingement syndrome or for evaluation and management of shoulder complaints. Furthermore, special studies are not usually needed for patients with vague neurologic findings on physical examination. Electrodiagnostic studies may be considered after a three or four week period of conservative care according to ACOEM. In addition, according to MTUS guidelines physical medicine and physical therapy includes continued patient participation in active therapy in order to maintain improvement levels. The ODG recommends electrodiagnostic testing as generally accepted for localizing the source of neurologic symptoms and diagnosing nerve entrapments. In the neck it is generally recommended after 1-month of conservative therapy and may not be necessary if radiculopathy is clinically obvious. There is no documented evidence of an ongoing 3 to 4 week trial of conservative care. Therefore the above listed issue is considered not medically necessary.