

<b>Case Number:</b>	CM14-0040226		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/15/2010
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 55 year-old male Mechanic/Painter sustained an injury on 10/15/10 when a tractor roll back bar fell, striking his finger while employed by [REDACTED]. Request(s) under consideration include CMAP of bilateral shoulders and lower extremities QTY: 1. Diagnoses include s/p right fifth digit fracture; Subacromial bursitis; Bilateral shoulder impingement/ rotator cuff syndrome/ shoulder pain/ osteoarthritis/ tendonitis/ bicep tendon rupture; bilateral elbow pain/ right elbow partial tear of common extensor tendon/mild strain of flexor tendon/ medical epicondylitis; bilateral knee pain/chondromalacia/ arthritis. Report of 1/21/14 from the provider noted the patient was seen for medication refills and follow-up. The patient has ongoing chronic right knee, neck, and shoulder pain rated 2-9/10. Medications help to reduce pain. Exam showed bilateral shoulder pain along biceps groove and under acromion with limited range in all planes; positive bilateral orthopedic testing of Hawkins's, Neer's, Speed's, Cross arm, Yergason's bilaterally; medial and lateral epicondyle pain; diffuse knee and patella pain with positive provocative testing of patellar grinding, apley's compression, distraction, pivotal tests. Treatment included orthopedic consult for knees and CMAP testing for shoulders and lower extremity pain. The patient remained on current temporary total disability. The request is for one CMAP of bilateral shoulders and lower extremities which was non-certified on 3/14/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CMAP of bilateral shoulders and lower extremities QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** CMAP or Compound Muscle Action Potential is a summated response from depolarization of thousands of axons, a component of a diagnostic NCV (nerve conduction study) to identify for a nerve block in peripheral neuropathy and entrapment syndromes of the extremities. Diagnoses have include multiple joint arthritis, tear, bursitis, tendinitis, and strain without any noted radicular component or associated subjective complaints of numbness/tingling or neuropathy findings on exam. The patient remained temporarily totally disabled with treatment plan to continue medications and orthopedic referral for the knees. There were no neurological deficits defined nor conclusive imaging identifying possible neurological compromise. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal, spinal stenosis, neuropathy or entrapment syndrome, medical necessity for the NCV has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any peripheral neuropathy or entrapment syndrome to support for the CMAP, a component of NCV diagnostic study. The CMAP of bilateral shoulders and lower extremities QTY: 1 is not appropriate or medically necessary.