

Case Number:	CM14-0044581		
Date Assigned:	07/02/2014	Date of Injury:	10/05/2011
Decision Date:	08/22/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/11/2014

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 52-year-old female who reported an injury on 10/05/2011. The mechanism of injury was not provided in the medical records. Her diagnosis is noted to be status post right shoulder surgery. Her previous treatments were noted to include physical therapy, participation in a home exercise program, medications, chiropractic treatment, and a right shoulder arthroscopic subacromial decompression and distal clavicle excision on 09/04/2013. An MRI of the cervical spine was performed on 04/21/2014, and revealed a 4 mm right foraminal disc protrusion at C5-6 with severe right foraminal stenosis and potential for impingement upon the exiting right C6 nerve root, as well as a disc bulge at C4-5 with mild left foraminal stenosis. On 03/31/2014, the injured worker was noted to report improving symptoms in her right shoulder. Her physical examination was noted to reveal mildly decreased range of motion in flexion of the right shoulder, normal motor strength in bilateral upper extremities, and mildly positive impingement signs. Her medications were not listed within the most recent clinical note. The treatment plan included continued participation in a home exercise program and followup as needed. A request was received for electromyography and nerve conduction studies of the upper extremities. However, a rationale for the request and the Request for Authorization form were not submitted in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter, electromyography (EMG) and nerve conduction studies (NCS) sections (Official Disability Guidelines).

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

Decision rationale: According to the California MTUS/ACOEM Guidelines, electromyography and nerve conduction studies may be recommended to identify subtle neurologic dysfunction in patients who have neck and arm symptoms lasting more than 3 or 4 weeks despite conservative treatment. The clinical information submitted for review failed to provide a rationale for the requested electrodiagnostic studies. The most recent clinical note provided failed to show any evidence of neurological deficits to warrant this testing. In addition, there was no recent documentation indicating that the injured worker had neck and arm symptoms. In the absence of documentation showing subtle neurologic dysfunction despite conservative treatment, the requested electrodiagnostic studies are not supported. As such, the request is not medically necessary.

Nerve conduction studies (NCV) of upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter, electromyography (EMG) and nerve conduction studies (NCS) sections (Official Disability Guidelines).

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

Decision rationale: According to the California MTUS/ACOEM Guidelines, electromyography and nerve conduction studies may be recommended to identify subtle neurologic dysfunction in patients who have neck and arm symptoms lasting more than 3 or 4 weeks despite conservative treatment. The clinical information submitted for review failed to provide a rationale for the requested electrodiagnostic studies. The most recent clinical note provided failed to show any evidence of neurological deficits to warrant this testing. In addition, there was no recent documentation indicating that the injured worker had neck and arm symptoms. In the absence of documentation showing subtle neurologic dysfunction despite conservative treatment, the requested electrodiagnostic studies are not supported. As such, the request is not medically necessary.