

Case Number:	CM14-0045212		
Date Assigned:	06/27/2014	Date of Injury:	08/11/2013
Decision Date:	08/19/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/01/2014

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 Management, 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 43-year-old with an August 11, 2013 date of injury, when he was lifting bags as a customer service agent when he heard a pop in the left shoulder. March 10, 2014 determination was non-certified given no specific neurological findings on physical exam and do not document a specific neurological differential diagnosis to be explored by electrodiagnostic testing. July 2, 2014 progress report identified that the patient was s/p left shoulder surgery on June 19, 2014 for an arthroscopy and debridement. She continued with left shoulder pain and the provider could not assess the success of surgery due to upper extremity immobility. She patient had not started therapy yet. The patient was taking medications. Exam revealed surgical wounds healing well. There was mild tenderness over the three surgical sites, greatest at the anterior shoulder. Sensation and strength were reported as normal. February 12, 2014 electrodiagnostic studies were within normal limits. January 3, 2014 report identified left shoulder pain rated 6/10 with numbness into the left upper extremity. The patient could not sleep due to pain. Exam revealed decreased range of motion, tender to palpation over the AC joint with direct palpation. Positive impingement signs. Sensation intact and 5/5 strength. Treatment to date includes physical therapy (4-5 sessions), ibuprofen, and cortisone injection, which helped for a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) 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, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back, Electromyography, last updated 12/16/13.

MAXIMUS 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 (ODG) Neck and Upper Back Chapter.

Decision rationale: The Medical Treatment Utilization Section (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. There was no clear indication for the medical necessity of electrodiagnostic studies. The patient's symptoms appeared to be related to a shoulder pathology, which improved following a shoulder surgery. There were no clear radicular findings for which the study would be indicated. The medical necessity was not substantiated; therefore, the request for an EMG of the right upper extremity is not medically necessary or appropriate.

Electromyography (EMG) 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, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back, Electromyography, last updated 12/16/13.

MAXIMUS 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 (ODG) Neck and Upper Back Chapter.

Decision rationale: The Medical Treatment Utilization Section (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. There was no clear indication for the medical necessity of electrodiagnostic studies. The patient's symptoms appeared to be related to a shoulder pathology, which improved following a shoulder surgery. There were no clear radicular findings for which the study would be indicated. The medical necessity was not substantiated; therefore, the request for an EMG of the left upper extremity is not medically necessary or appropriate.

Nerve Conduction Study (NCS) 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, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Nerve Conduction Studies.

MAXIMUS 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 (ODG) Neck and Upper Back Chapter.

Decision rationale: The Medical Treatment Utilization Section (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. There was no clear indication for the medical necessity of electrodiagnostic studies. The patient's symptoms appeared to be related to a shoulder pathology, which improved following a shoulder surgery. There were no clear radicular findings for which the study would be indicated. The medical necessity was not substantiated; therefore, the request for an NCS of the right upper extremity is not medically necessary or appropriate.

Nerve Conduction Study (NCS) 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, Chronic Pain Treatment Guidelines. 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, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

Decision rationale: The Medical Treatment Utilization Section (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. There was no clear indication for the medical necessity of electrodiagnostic studies. The patient's symptoms appeared to be related to a shoulder pathology, which improved following a shoulder surgery. There were no clear radicular findings for which the study would be indicated. The medical necessity was not substantiated; therefore, the request for an NCS of the left upper extremity is not medically necessary or appropriate.