

Case Number:	CM14-0062240		
Date Assigned:	07/11/2014	Date of Injury:	07/09/2012
Decision Date:	08/29/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/05/2014

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 Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant sustained a work injury to the right shoulder on 07/09/12 while working as a housekeeper. An MRI of the right shoulder on 01/21/14 showed findings of a partial supraspinatus tear with tendinosis and moderate acromioclavicular joint arthritis. When seen by the requesting provider on 11/14/13 he was having ongoing right shoulder pain and stiffness. There was normal strength and sensation. The results of an MRI arthrogram were pending. On 02/20/14 he was having tingling in the right arm. There was again normal strength and an absence of sensory loss. Examination findings are limited to the right shoulder. Imaging results were reviewed. No surgery was recommended and he was referred for a neurology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyelography) study of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS).

Decision rationale: The claimant is more than two years status post work-related injury as described above and continues to be treated for chronic pain. When seen by the requesting provider he had complaints of tingling in the right arm in an unknown distribution. Notes consistently document normal strength without sensory loss. Examination findings are limited to the right shoulder without assessment for conditions such as cervical radiculopathy, carpal tunnel syndrome, or ulnar neuropathy at the elbow. The minimum standards for electrodiagnostic studies include that testing be medically indicated. In this case, the claimant has not undergone an appropriate evaluation that would establish the medically necessary of the requested right upper extremity electromyography.

NCV (Nerve Conduction Velocity) of the right upper extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS).

Decision rationale: The claimant is more than two years status post work-related injury as described above and continues to be treated for chronic pain. When seen by the requesting provider he had complaints of tingling in the right arm in an unknown distribution. Notes consistently document normal strength without sensory loss. Examination findings are limited to the right shoulder without assessment for conditions such as cervical radiculopathy, carpal tunnel syndrome, or ulnar neuropathy at the elbow. The minimum standards for electrodiagnostic studies include that testing be medically indicated. In this case, the claimant has not undergone an appropriate evaluation that would establish the medically necessary of the requested right upper extremity nerve conduction study.