MAXIMUS Federal Services

Case Number:	CM14-0075258		
Date Assigned:	07/16/2014	Date of Injury:	11/17/2011
Decision Date:	09/18/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/22/2014

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 is a 54 year-old female with an 11/17/2011 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 03/26/2014 noted subjective complaints of 6/10 left shoulder pain and left arm weakness, numbness, and tingling. Objective findings included shoulder forward flexion strength 3-4/5 on the length. Diagnostic Impression shows left shoulder labral tear, and left shoulder impingement syndrome. Treatment to date indicates medication management and physical therapy. A utilization review decision dated 05/01/2014 denied the request for EMG of the right upper extremity and for NCV of the right upper extremity. There was no rationale provided for the denial.

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 Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

Decision rationale: The 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. However, in review of the provided documentation, there are no documented subjective or objective findings of the right upper extremity. All provided documentation of symptoms and objective abnormalities are of the left upper extremity. It is unclear why an EMG of the right side would be of benefit. Therefore, the request for electromyography (EMG) of the right upper extremity is not medically necessary.

Nerve conduction velocity (NCV) of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

Decision rationale: The 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. However, in review of the provided documentation, there are no documented subjective or objective findings of the right upper extremity. All provided documentation of symptoms and objective abnormalities are of the left upper extremity. It is unclear why a nerve conduction velocity of the right side would be of benefit. Therefore, the request for nerve conduction velocity (NCV) of the right upper extremity is not medically necessary.