

Case Number:	CM14-0090865		
Date Assigned:	07/25/2014	Date of Injury:	05/30/2013
Decision Date:	10/08/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/16/2014

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 and is licensed to practice in Nevada. 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 48-year-old male who was reportedly injured on May 30, 2013. The mechanism of injury is noted as a fall. The most recent progress note dated April 4, 2014, indicated that there were ongoing complaints of shoulder pain rated at 9/10. The physical examination demonstrated a well-developed, well-nourished individual in no apparent distress. No other physical examination findings were presented. Diagnostic imaging studies were not presented for review. Previous treatment included multiple medications, injection therapy, physical therapy and other pain management interventions. A request was made for electrodiagnostic studies and was not certified in the pre-authorization process on May 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS Left Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cervical (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: As outlined in the American College of Occupational and Environmental Medicine guidelines, electrodiagnostic studies are helpful to identify subtle focal neurological dysfunction in patients where a computed tomography scanner magnetic resonance image (MRI) is equivocal. The progress notes that an MRI is pending. Furthermore, the physical examination is operatively forthcoming and there is no clinical indication to suggest a progressive neurological pathology. As such, the request is not medically necessary.

EMG Left Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cervical (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: As outlined in the American College of Occupational and Environmental Medicine guidelines, electrodiagnostic studies are helpful to identify subtle focal neurological dysfunction in patients where a computed tomography scanner magnetic resonance image (MRI) is equivocal. The progress notes that an MRI is pending. Furthermore, the physical examination is operatively forthcoming, and there is no clinical indication to suggest a progressive neurological pathology. As such, the request is not medically necessary.