

Case Number:	CM14-0122113		
Date Assigned:	08/06/2014	Date of Injury:	07/23/2013
Decision Date:	02/26/2015	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 55 year old female continues to complain of constant, moderate to severe, right shoulder pain that radiates to the upper back, right arm and right hand causing numbness and tingling, stemming from a work related injury reported on 7/23/3013. Diagnoses include: right shoulder - full thickness tear, acromioclavicular arthrosis, impingement, glenohumeral arthrosis, effusion and post-traumatic osteoarthritis; lumbar spine stenosis with spondylosis and radiculopathy; chronic pain; and depression. Treatments have included: consultations; diagnostic imaging studies; chiropractic treatments; physical therapy; acupuncture treatments; and medication management. Chiropractic notes, dated 2/10/2014, note no decreased range of motion (ROM) in the right shoulder. Treatments requested included shock wave therapy to the right shoulder. Progress notes, dated 2/12/2014, note a decreased ROM in the right shoulder, with decreased motor strength of 4/5 in the right arm. Recommendation was for the injured worker (IW) to consult with an orthopedic surgeon for the right shoulder. Chiropractic progress notes, dated 3/26/2014 note a recommendation for the IW to consult with an orthopedic surgeon for the right shoulder. The primary treating physician notes, dated 6/6/2014, shows no significant changes in complaints of pain that is well controlled with medication; but adds suffering from anxiety and a sleep disorder. The treatment plan included continuing: supervised, chiropractic/physiotherapy/acupuncture treatments, pain management, and orthopedic and psychological consultations; and requesting a sleep study, more medical records, TENS unit and Hot/Cold pack; as well as discontinuing anti-inflammatories and starting Gabapentin and Zolpidem, all while awaiting the results from an ultrasound study and EMG/NCV studies. The

IW was placed on total temporary disability and returned to work, with restrictions, on modified duty. On 7/24/2014 Utilization Review non-certified, for medical necessity, a request for NCV for the bilateral upper extremities stating that the IW has not had EMG studies, and that no documented benefits from treatments received were documented. The guideline criteria cited were MTUS, ACOEM and ODG recommended guidelines for the neck and upper back, NCV and EMG studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conductive Velocity (NVC) right 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) Neck & Upper Back (updated 05/30/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

Decision rationale: Regarding the request for NCV, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Guidelines go on to state that EMG is recommended to clarify nerve root dysfunction if findings of history and physical exam are consistent. Within the documentation available for review, there are no recent subjective complaints or physical examination findings identifying subtle focal neurologic deficits suggestive of a peripheral neuropathy. In the absence of such documentation, the currently requested NCV is not medically necessary.

Nerve Conductive Velocity (NVC) 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) Neck & Upper Back (updated 05/30/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-182.

Decision rationale: Regarding the request for NCV, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Guidelines go on to state that EMG is recommended to clarify nerve root dysfunction if findings of history and physical exam are consistent. Within the documentation available for review, there are no recent subjective complaints or physical examination findings identifying subtle focal neurologic deficits suggestive of a peripheral

neuropathy. In the absence of such documentation, the currently requested NCV is not medically necessary.