

Case Number:	CM14-0130666		
Date Assigned:	08/20/2014	Date of Injury:	05/18/2012
Decision Date:	01/15/2015	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/15/2014

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 Internal Medicine and is licensed to practice in New York. 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 patient is a 72 year old male with a date of injury of 05/18/2012. He had a left humerus injury from a motor vehicle accident. He had a closed fracture of the neck of the humerus and an injury to the nerve of the shoulder girdle and upper limb. On 05/20/2012 he had an open reduction, internal fixation. On 11/19/2013 he had a left biceps rupture repair. In 2006 he had radiation therapy and chemotherapy for laryngeal cancer. He had deltoid atrophy and decreased motor strength. On 05/07/2014 it was noted that he was doing a home exercise program. A left upper extremity EMG/NCS on 05/20/2014 revealed carpal tunnel syndrome, cubital tunnel ulnar nerve entrapment and possible brachial plexopathy. On 05/28/2014 he had a decreased range of motion of the left shoulder. Abduction was 2/5. Crepitus of the subacromial space was noted. There was deltoid atrophy. It was noted that impingement from a thoracic plate (that was causing thoracic outlet syndrome) had been removed. He has had physical therapy and instruction in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) Left upper extremity with Dr. [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Compensation, online edition, Chapter: Shoulder, Electrodiagnostic testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-220.

Decision rationale: MTUS, ACOEM Chapter 9, Shoulder Complaints notes on page 213 that EMG/NCS for evaluation of usual shoulder injuries is not recommended. By history and previous surgeries it is clear that this patient had nerve damage. A recent EMG/NCS in 05/2014 noted carpal tunnel syndrome, cubital tunnel syndrome and possible brachial plexopathy. The deltoid atrophy is not a new finding. There is insufficient documentation to substantiate the medical necessity of another left upper extremity EMG/NCS. Also, he has already been instructed in a home exercise program and there is no documentation how the findings of a new EMG/NCS would alter the medical management of this patient. The request is not medically necessary.

NCV (Nerve conduction velocity) Left upper extremity with Dr. [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Compensation, online edition, Chapter: Shoulder, Electrodiagnostic testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-220.

Decision rationale: MTUS, ACOEM Chapter 9, Shoulder Complaints notes on page 213 that EMG/NCS for evaluation of usual shoulder injuries is not recommended. By history and previous surgeries it is clear that this patient had nerve damage. A recent EMG/NCS in 05/2014 noted carpal tunnel syndrome, cubital tunnel syndrome and possible brachial plexopathy. The deltoid atrophy is not a new finding. There is insufficient documentation to substantiate the medical necessity of another left upper extremity EMG/NCS. Also, he has already been instructed in a home exercise program and there is no documentation how the findings of a new EMG/NCS would alter the medical management of this patient. The request is not medically necessary.