

Case Number:	CM14-0169527		
Date Assigned:	10/17/2014	Date of Injury:	10/17/2012
Decision Date:	01/30/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/14/2014

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 Anesthesiology, has a subspecialty in Acupuncture & Pain 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:

44y/o female injured worker with date of injury 10/17/12 with related right shoulder pain. Per progress report dated 10/22/14, the injured worker continued to have an aching/weakness in the bicep area after extending his arm for a short period of time. He rated his pain 5/10 without medication and 3/10 with medication. He described pain in his right shoulder as aching, aching and burning in his right bicep, burning in his right lat, and numbness over the ulnar distribution of his right upper extremity. Per physical exam, there was tenderness of the anterior right shoulder and latissimus dorsi. Sensation was intact but decreased over the right upper extremity in the ulnar distribution. Bilateral upper extremity strength was 5/5, DTRs were 2+ and symmetric, positive Tinel's over bilateral cubital tunnel and right carpal tunnel. Treatment to date has included physical therapy and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography)/ NCS (Nerve Conduction Study) of the BLU (Bilateral Upper Extremities): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC): Neck and Upper Back Procedure Summary last updated 08/04/2014

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

Decision rationale: ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), 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. Per the documentation submitted for review there was positive Tinel's over the bilateral cubital tunnel and right carpal tunnel. There was persistent right arm numbness with a decrease in sensation over the ulnar nerve distribution. I respectfully disagree with the UR physician's denial based upon lack of left upper extremity findings, bilateral electrodiagnostic studies are used for comparison. The request is medically necessary.