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| Case Number: | CM14-0186584 | | |
| Date Assigned: | 11/14/2014 | Date of Injury: | 08/30/2013 |
| Decision Date: | 01/05/2015 | UR Denial Date: | 10/29/2014 |
| Priority: | Standard | Application Received: | 11/10/2014 |

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 & Rehabilitation, has a subspecialty in Pain Management 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 male patient with a date of injury of August 30, 2013. A utilization review determination dated October 29, 2014 recommends non-certification of EMS (electric muscle stimulation) study of the right upper extremity, EMG (electromyography) study of the left upper extremity, NCV (nerve conduction velocity) study of the right upper extremity, and NCV (nerve conduction velocity) study of the left upper extremity. A progress note dated October 8, 2014 identifies subjective complaints of continued bilateral shoulder pain. The patient has had bilateral shoulder subacromial injections, and he has had physical therapy for the left shoulder but not for the right shoulder. The patient feels after the injection and therapy his left shoulder improved, although he did not see much improvement with his right shoulder following the injection. Regarding the knees, the patient continues to have occasional popping, no catching, no significant swelling, and pain ascending and descending stairs. The physical examination of the shoulder reveals tenderness over the anterolateral impingement area. Examination of bilateral knees reveals peripatellar tenderness and crepitation, no significant swelling, and some quad weakness. The diagnoses include cervical spine sprain/strain causing some right-sided radiculitis, left shoulder impingement without rotator cuff, no evidence of lumbar spine injury related to August 20, 2013 injury, bilateral knee patellofemoral pain with direct contusion, and right shoulder impingement. The treatment plan recommends an MRI of the right shoulder, MRI of bilateral knees, upper extremity EMG's, an MRI of the cervical spine for evaluation and treatment, request for physical therapy for the right shoulder, and a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMS (Electric Muscle Stimulation) study of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Online Edition, Chapter: Neck and Upper Back (Acute and Chronic), Electric Muscle Stimulation (EMG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: Regarding the request for EMS (electric muscle stimulation) study of the right upper extremity, Chronic Pain Medical Treatment Guidelines state NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Within the documentation available for review, the patient is noted to have cervical spine sprain/strain, bilateral shoulder impingement, and bilateral knee patellofemoral pain. Guidelines do not support neuromuscular electrical stimulation for the diagnoses listed. As such, the currently requested EMS (electric muscle stimulation) study of the right upper extremity is not medically necessary.

EMG (Electromyography) study of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Online Edition, and Chapter: Neck and Upper Back (Acute And Chronic), Electric Muscle Stimulation (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

Decision rationale: Regarding the request for EMG (electromyography) study of the left upper extremity, 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. Within the documentation available for review, there are no recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. In the absence of such documentation, the currently requested EMG (electromyography) study of the left upper extremity is not medically necessary.

NCV (Nerve Conduction Velocity) study of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, and Nerve Conduction Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

Decision rationale: Regarding the request for NCV (nerve conduction velocity) study of the right upper extremity, 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. Within the documentation available for review, there are no recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. In the absence of such documentation, the currently requested NCV (nerve conduction velocity) study of the right upper extremity is not medically necessary.

NCV (Nerve Conduction Velocity) study of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment In Workers Compensation (TWC), Online Edition, Chapter: Neck And Upper Back (Acute And Chronic), Electric Muscle Stimulation (EMG).

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 (nerve conduction velocity) study of the left upper extremity, 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. Within the documentation available for review, there are no recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. In the absence of such documentation, the currently requested NCV (nerve conduction velocity) study of the left upper extremity is not medically necessary.