

Case Number:	CM14-0187274		
Date Assigned:	11/17/2014	Date of Injury:	07/26/2013
Decision Date:	01/06/2015	UR Denial Date:	10/20/2014
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 Emergency 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:

The injured worker is a 65 year-old female, who sustained an injury on July 26, 2013. The mechanism of injury is not noted. Diagnostics have included: August 18, 2014 right shoulder MRI reported as showing SLAP lesion with supraspinatus tear. Treatments have included: FRP, HEP, medications. The current diagnoses are: right shoulder strain, lumbar strain, right knee contusion, patella fracture, chronic pain syndrome. The stated purpose of the request for Electromyogram (EMG), Nerve conduction study (NCS) of the right upper extremity was to assess peripheral entrapment neuropathy. The request for Electromyogram (EMG), Nerve conduction study (NCS) of the right upper extremity was denied on October 20, 2014, citing a lack of documentation of neuropathy exam evidence. Per the report dated October 10, 2014, the treating physician noted complaints of pain to the right shoulder, right knee and low back. Exam findings included positive right Tinel signs at the elbow and elbow as well as carpal compression test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction study (NCS) of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 272-273.

Decision rationale: The criteria noted above not having been met, Electromyogram (EMG), Nerve conduction study (NCS) of the right upper extremity, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, note that Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option, and recommend electrodiagnostic studies with documented exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials, that are in need of clinical clarification. The injured worker has pain to the right shoulder, right knee and low back. The treating physician has documented positive right Tinel signs at the elbow and elbow as well as carpal compression test. However, the treating physician has not documented persistent parasthetic pain to the right upper extremity, or conservative therapy trials focusing on the right upper extremity. The criteria noted above not having been met, Electromyogram (EMG), Nerve conduction study (NCS) of the right upper extremity is not medically necessary.