

Case Number:	CM14-0190658		
Date Assigned:	11/24/2014	Date of Injury:	12/18/2013
Decision Date:	05/06/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/14/2014

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. 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: New Jersey

Certification(s)/Specialty: Family Practice

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 42 year old male, who sustained an industrial injury on 12/18/13. He reported upper/mid back pain and right shoulder pain. The injured worker was diagnosed as having right shoulder sprain/strain. Treatment to date has included physical therapy. X-rays of bilateral shoulders and thoracic spine performed on 8/12/14 were unremarkable. Currently, the injured worker complaints of right shoulder pain, stiffness, and weakness. Physical examination findings on 10/1/14 were tenderness to palpation of the anterior, lateral, and posterior shoulder with muscle spasms. Impingement sign was positive. The treating physician requested authorization for 1 electromyography and nerve conduction velocity study for bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Electromyography and Nerve Conduction Velocity Studies of the Bilateral Upper Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker and at the time of this request, there was insufficient evidence from physical examination to suggest any cervical nerve root origin of any symptoms reported. Therefore, there would be no medical need or benefit from nerve testing. The request is not medically necessary.