

Case Number:	CM14-0198366		
Date Assigned:	12/08/2014	Date of Injury:	08/07/2014
Decision Date:	01/21/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/25/2014

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 Family Practice 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:

A 26 yr. old male claimant sustained a work injury on 8/7/14 involving the right shoulder. He was diagnosed with adhesive capsulitis, bursitis and right shoulder impingement. The claimant had undergone acupuncture, physical therapy and CBT. An MRI of the right shoulder on 9/2014 showed subdeltoid bursitis on the right side. A progress note on 11/20/14 indicated the claimant 5/10 pain in the neck and shoulder. He was using Tylenol for pain. Exam findings were notable for crepitus in the cervical spine, improved right shoulder range of motion but continued impingement findings and a positive Spurling's sign. The physician requested an EMG/NCV of the right arm due to persistent paresthesia in the right median nerve distribution and 3 months use of a TENS unit.

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 right upper extremity:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: According to the guidelines, NCV/EMG is not recommended for diagnostic evaluation of nerve entrapment. An NCV is recommended for median or ulnar impingement at the wrist after failure of conservative therapy. In this case, the exam findings did not detail the wrist region for abnormalities. There was no mention of failure of therapy for the wrist. The exam findings are consistent with diagnoses. Therefore the request for EMG/NCV is not medically necessary.

TENS (transcutaneous electrical nerve stimulation) unit x3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS, chronic pain (transcutaneous).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use was not specified. The request for a TENS unit for 3 months is not medically necessary.