

Case Number:	CM15-0008378		
Date Assigned:	01/26/2015	Date of Injury:	07/29/2014
Decision Date:	03/16/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/14/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 44 year old male with an industrial injury dated 07/29/2014 to the right neck and upper extremity after falling from a ladder. His diagnoses include cervical strain/sprain, thoracic strain/sprain, right shoulder strain. Recent diagnostic testing has included a MRI of the right shoulder (08/28/2014) which revealed mild degenerative changes, of the acromioclavicular joint and a near complete tear of the subscapularis tendon. He has been treated with medications and activity restrictions. In a progress note dated 11/19/2014, the treating physician reports right clavicle pain, neck and upper back pain and right shoulder/arm pain despite treatment. The objective examination revealed painful range of motion of the right shoulder, and intact sensation to light touch. The treating physician is requesting an EMG of the right upper extremity which was denied by the utilization review. On 01/08/2015, Utilization Review non-certified a request for an EMG(Electromyography) of the right upper extremity, noting the absence of neurologic complaints other than some numbness and tingling at the right clavicle area of the shoulder by the injured worker and a negative neurologic exam. The ACOEM Guidelines were cited. On 01/15/2015, the injured worker submitted an application for IMR for review of EMG of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (right upper extremity): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-213.

Decision rationale: This 44 year old male has complained of neck and right shoulder pain since date of injury 7/29/14. He has been treated with medications. The current request is for EMG of the right upper extremity. Per the MTUS guidelines cited above, EMG/NCV studies as part of the evaluation of shoulder pain are not recommended. Additionally, per the most recent provider notes, there is no documentation of nerve compromise or neurologic deficit. On the basis of the MTUS guidelines cited above, EMG/NCV of the upper extremity is not indicated as medically necessary.