

Case Number:	CM15-0009785		
Date Assigned:	01/27/2015	Date of Injury:	12/12/2006
Decision Date:	03/18/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/16/2015

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: Texas, California
 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:

This is a 47 year old female patient who sustained an industrial injury to the right shoulder on 12/12/2006. The diagnoses include status post shoulder arthroscopy and right lateral epicondylitis. Per the doctor's note dated 8/14/2014, he had complains of right shoulder pain and right elbow pain. The physical examination revealed right shoulder- tenderness, right deltoid strength 3/5; decreased range of motion and normal sensation. The medications list includes celebrex. Treatment to date has included physical therapy for the right elbow and right shoulder, home exercise program, and activity modifications. Electrodiagnostic testing has been requested. The request for authorization (ROA) and its corresponding medical record from 10/30/2014 physician visit is not found in the medical records submitted with the application for independent medical review. On 12/16/2014 Utilization Review non-certified a request for EMG/NCV for the right shoulder only (elbow, wrist are not accepted noting the only symptoms clinically documented are pain in the shoulder and elbow. There is no documentation of neuropathy to warrant nerve testing; therefore EMG/NCV testing of the bilateral upper extremities is not medically necessary. The non MTUS, ACOEM Guidelines, Official Disability Guidelines (ODG), Pain - Electrodiagnostic testing (EMG/NCS) were cited. On 01/16/2015, the injured worker submitted an application for IMR for review of the non-certified item.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV for the right shoulder only (elbow, wrist are not accepted): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Electrodiagnostic testing (EMG/NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): page 207-209. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the MTUS and on the MTUS ACOEM Practice Guidelines, Chapter 9 Shoulder Complaints, page page 207-209 and on the Non-MTUS. Chapter: Shoulder (updated 02/27/15), Electrodiagnostic testing for TOS (thoracic outlet syndrome), Chapter: Pain (updated 02/23/15), Electrodiagnostic testing (EMG/NCS).

Decision rationale: Request: EMG/NCV for the right shoulder only (elbow, wrist are not accepted). Per the cited guidelines, For most patients with shoulder problems, special studies are not needed unless a four to six week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out. Per the cited guidelines Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). A recent detailed clinical examination of the right shoulder is not specified in the records provided. A recent detailed physical examination with objective evidence of neuropathy is not specified in the records provided. Failure of previous conservative therapy including physical therapy visits is not specified in the records provided. In addition, patient sustained an injury in 2006. Prior diagnostic study reports were not specified in the records provided. The medical necessity of EMG/NCV for the right shoulder only is not fully established for this patient.