MAXIMUS Federal Services

Case Number:	CM15-0105781		
Date Assigned:	06/11/2015	Date of Injury:	10/17/2012
Decision Date:	07/13/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/02/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old male, who sustained an industrial injury on 10/17/12. Initial complaints were not reviewed. The injured worker was diagnosed as having right shoulder rotator cuff tear; right shoulder arthropathy; myofascial pain; ligament tear left ankle. Treatment to date has included status post massive rotator cuff repair with subacromial decompression/resection distal clavicle, biceps tendon synovectomy repair, debridement degenerative tear labrum, lysis of adhesions with release of contracture with chondroplasty (12/26/13); right shoulder injection (2/10/15); physical therapy. Diagnostics included MRI right shoulder (8/27/13); MRI left ankle (8/27/13). Currently, the PR-2 notes dated 2/20/15 is hand written and difficult to decipher. This note indicated the injured worker reports greater than 60% improvement in the right shoulder pain and range of motion since his injection on 2/10/15. He reports he is happy with the improvement. However, he reports forgetting to mention the right armpit infection prior to the injection which continues to bother him. Examination of the right shoulder is with increased range of motion. The arm pit appears similar to the left with no signs of infection noted. He will follow-up with his PCP to rule out right arm pit infection. The provider refilled his medications for Norco and Soma on this visit along with instructions for home exercise. PR-2 note dated 3/3/15 indicates the right shoulder injection on 2/20/15 was temporary relief of 1-2 weeks. The provider notes "Light Touch Sensation" for the right lateral shoulder, right index finger, and right dorsal thumb web and right small tip are intact. A requested for authorization has been made for an EMG of the lower and the upper extremities; MRI of the right shoulder and physical therapy for the right shoulder and left ankle 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The patient was injured on 10/17/12 and presents with low back pain and left ankle pain. The request is for an EMG LOWER EXTREMITIES. The utilization review determination rationale is that the medical records do not establish subjective complaints, objective findings, or a diagnosis to indicate the need for electrodiagnostic testing of the lower extremities. The April 28, 2015 report documented sensation was intact in the lower extremities. There is no RFA provided and the patient's current work status is not provided. There are no prior EMGs provided for review. The report with the request is not provided. For EMG, ACOEM Guidelines page 303 states, "Electromyography including H-reflex test may be useful to identify subtle, focal neurologic dysfunction, patient with low back pain lasting more than 3 or 4 weeks." The reason for the request is not provided. The patient has numbness in the right arm, right thigh, and left ankle. There is tingling in the right shoulder and right thigh. He is diagnosed with right shoulder rotator cuff tear, right shoulder arthropathy, myofascial pain, and ligament tear left ankle. He is diagnosed with right shoulder rotator cuff tear, right shoulder arthropathy, myofascial pain, and ligament tear left ankle. This patient presents with subjective complaints of pain in the lower back and bilateral lower extremities, though there is no documentation of radiculopathy, loss of motor strength, or other abnormal neurological findings on physical examination. Without documentation of neurological deficit or radiculopathy, the requested diagnostic cannot be substantiated. Therefore, this request IS NOT medically necessary.

EMG Upper Extremities: Overturned

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, Chapter 12 Low Back Complaints Page(s): 262, 303.

Decision rationale: The patient was injured on 10/17/12 and presents with low back pain and left ankle pain. The request is for an EMG UPPER EXTREMITIES. The utilization review determination rationale is that the medical records do not establish subjective complaints, objective findings, or a diagnosis to indicate the need for electrodiagnostic testing of the lower extremities. The April 28, 2015 report documented sensation was intact in the lower extremities. There is no RFA provided and the patient's current work status is not provided. There are no prior EMG's provided for review. The report with the request is not provided. For EMG,

ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." The reason for the request is not provided. The patient has numbness in the right arm, right thigh, and left ankle. There is tingling in the right shoulder and right thigh. He is diagnosed with right shoulder rotator cuff tear, right shoulder arthropathy, myofascial pain, and ligament tear left ankle. He is diagnosed with right shoulder rotator cuff tear, right shoulder arthropathy, myofascial pain, and ligament tear left ankle. There is no documentation of prior electrodiagnostic studies to the upper extremity. The patient has numbness in the right arm, tingling in the right shoulder, and is diagnosed with right shoulder rotator cuff tear and right shoulder arthropathy. In this case, an EMG may help the treater diagnose the patient's condition effectively. Therefore, the request is reasonable and IS medically necessary.