

Case Number:	CM15-0108455		
Date Assigned:	06/15/2015	Date of Injury:	07/12/2012
Decision Date:	07/14/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/05/2015

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: Arizona, 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:

The injured worker is a 56 year old female, who sustained an industrial injury on July 12, 2012. She reported that the top of a lottery machine fell hitting her head and shoulder and she fell backwards injuring her shoulders, head, back, and neck. The injured worker was diagnosed as having right shoulder contusion and sprain, cervical strain/contusion, contusions to back and neck, lumbar strain, mild facet arthropathy at L4-L5, right greater than left shoulder pain, uncovertebral joint hypertrophy most severe at right C5 with slight disc bulge at C4-C5, and right paracentral disc protrusion at T7-T8 and T8-T9, carpal tunnel syndrome, chronic pain syndrome, and status post left shoulder rotator cuff repair. Treatment to date has included left shoulder surgery, x-rays, MRIs, radiofrequency lesioning, trigger point injections, physical therapy, and medication. Currently, the injured worker complains of numbness and muscle spasm involving her thumb and index finger and demonstrated evidence of Tinel's to her median nerve, on examination consistent with carpal tunnel. The Treating Physician's report dated May 4, 2015, noted the injured worker had done very well after her left shoulder surgery with excellent range of motion (ROM), with some residual weakness. The treatment plan was noted to include an electromyography (EMG) /nerve conduction study (NCS), to reevaluate both of her hands to see how significant or potentially progressive it was and to help determine the orthopedic intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of BUE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 265. Decision based on Non-MTUS Citation ODG- neck pain and pg 38.

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In this case, the claimant had an MRI, numerous interventions and exam findings with subjective complaints that were consistent and explained upper extremity numbness. The request for an EMG/NCV would not affect intervention or outcomes and is not medically necessary.