

Case Number:	CM15-0133712		
Date Assigned:	07/22/2015	Date of Injury:	07/15/2014
Decision Date:	09/02/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/10/2015

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: New York
Certification(s)/Specialty: Internal Medicine

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 31-year-old female with a July 15, 2014 date of injury. A progress note dated May 27, 2015 documents subjective complaints (postoperative right shoulder pain that radiates into the supraclavicular space and into the right breast; difficulty with activities of daily living; pain rated at a level of 4-5/10; severe anxiety; loss of sleep and constant worrying), objective findings (decreased deep tendon reflexes at C5, C6, and C7 bilaterally; decreased grip strength; tenderness to palpation of the anterior aspect of the right shoulder), and current diagnoses (brachioplexopathy, right; status post diagnostic arthroscopy of the right shoulder with decompression; major depressive disorder). Treatments to date have included right shoulder arthroscopy, physical therapy, acupuncture, and imaging studies. The treating physician documented a plan of care that included electromyogram/nerve conduction velocity studies of the bilateral upper extremities.

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, Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Electro diagnostic testing (EMG/NCS).

Decision rationale: The California MTUS/ACOEM Guidelines state that electromyography (EMG) and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with low back symptoms, lasting more than 3 to 4 weeks. The ODG further states that NCVs are 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. There is minimal justification for performing NCVs when a patient is already presumed to have symptoms on the basis of radiculopathy. As per ODG (Electromyogram) EMG's are not necessary if radiculopathy is already clinically obvious. The injured worker has symptoms of radiculopathy and no symptoms suggestive of a peripheral neuropathy. Therefore, the requested treatment: Electromyogram (EMG) right upper extremity is not medically necessary.

NCV right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Electro diagnostic testing (EMG/NCS).

Decision rationale: The California MTUS/ACOEM Guidelines state that electromyography (EMG) and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with low back symptoms, lasting more than 3 to 4 weeks. The ODG further states that NCVs are 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. There is minimal justification for performing NCVs when a patient is already presumed to have symptoms on the basis of radiculopathy. As per ODG (Electromyogram) EMG's are not necessary if radiculopathy is already clinically obvious. The injured worker has symptoms of radiculopathy and no symptoms suggestive of a peripheral neuropathy. Therefore, the requested treatment: Nerve Conduction Velocity (NCV) right upper extremity is not medically necessary.

EMG left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Electro diagnostic testing (EMG/NCS).

Decision rationale: The California MTUS/ACOEM Guidelines state that electromyography (EMG) and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with low back symptoms, lasting more than 3 to 4 weeks. The ODG further states that NCVs are 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. There is minimal justification for performing NCVs when a patient is already presumed to have symptoms on the basis of radiculopathy. As per ODG (Electromyogram) EMG's are not necessary if radiculopathy is already clinically obvious. The injured worker has symptoms of radiculopathy and no symptoms suggestive of a peripheral neuropathy. Therefore, the requested treatment: Electromyogram (EMG) left upper extremity is not medically necessary.

NCV left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Electro diagnostic testing (EMG/NCS).

Decision rationale: The California MTUS/ACOEM Guidelines state that electromyography (EMG) and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with low back symptoms, lasting more than 3 to 4 weeks. The ODG further states that NCVs are 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. There is minimal justification for performing NCVs when a patient is already presumed to have symptoms on the basis of radiculopathy. As per ODG (Electromyogram) EMG's are not necessary if radiculopathy is already clinically obvious. The injured worker has symptoms of radiculopathy and no symptoms suggestive of a peripheral neuropathy. Therefore, the requested treatment: Nerve Conduction Velocity (NCV) left upper extremity is not medically necessary.