

Case Number:	CM15-0136387		
Date Assigned:	07/24/2015	Date of Injury:	07/20/2012
Decision Date:	09/18/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/14/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 54 year old male, who sustained an industrial injury on July 20, 2012. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included steroid injections, currently, the injured worker complains of 3/16 right shoulder pain described as throbbing and radiates down the right arm associated with numbness and tingling. The pain is exacerbated by forward reaching, lifting, pushing, pulling and working at or above the shoulder level and rated at 7 on 10. He also reports neck pain described as sharp that radiates pain into his upper extremities associated with numbness and tingling. The pain is exacerbated by repetitive neck motions, pushing, pulling, lifting, forward reaching and working at or above the shoulder level and is rated at 6 on 10. The injured worker is diagnosed with cervical discopathy-cervicalgia and post right shoulder rotator cuff repair (x2). His work status is temporary total disability. A note, dated April 27, 2015, states the injured worker experienced immediate relief from the steroid injection. An EMG- NVC to bilateral upper extremities is requested to further evaluate the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper extremity: 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): 178.

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the objective examination provides evidence of radiculopathy, therefore it is unclear why the physician would request an EMG/NCV when the injured worker already has identified pathology. The request for EMG left upper extremity is determined to not be medically necessary.

NCV right upper extremity: 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): 178.

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the objective examination provides evidence of radiculopathy, therefore it is unclear why the physician would request an EMG/NCV when the injured worker already has identified pathology. The request for NCV right upper extremity is determined to not be medically necessary.

NCV left upper extremity: Upheld

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

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EMG right upper extremity: Upheld

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