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| Case Number: | CM15-0137612 | | |
| Date Assigned: | 07/27/2015 | Date of Injury: | 10/09/2014 |
| Decision Date: | 08/25/2015 | UR Denial Date: | 07/09/2015 |
| Priority: | Standard | Application Received: | 07/16/2015 |

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: 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 48 year old female, who sustained an industrial injury on October 09, 2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having rotator cuff tear, wrist sprain, and bulging cervical intervertebral disc. Treatment and diagnostic studies to date has included physical therapy, x-rays of the left shoulder, x-rays of the left wrist, and medication regimen. In a progress note dated June 05, 2015 the treating physician reports complaints of continued pain with decreased range of motion to the left shoulder and the left wrist. Examination reveals decreased range of motion to the cervical spine, tenderness to the bilateral trapezius and levator muscles with hypertonicity, asymmetrical loss of range of motion to the cervical spine, positive Spurling's test on the left, and decreased sensation to the left cervical six and seven distributions. The treating physician noted x-rays of the left shoulder and left wrist from January 12, 2015 that was remarkable for interior osteophyte of the left shoulder with some narrowing of the joint space. The treating physician requested an electromyography with a nerve conduction velocity study to the bilateral arms to rule out cervical radiculopathy versus a peripheral process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity bilateral arms: 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, there is evidence on physical exam of neurovascular compromise, therefore, there is an indication for the EMG. There is no indication for the NCV, as there is a clear indication of radiculopathy, therefore, the request for electromyography/nerve conduction velocity bilateral arms is determined to not be medically necessary.