

Case Number:	CM15-0140015		
Date Assigned:	07/29/2015	Date of Injury:	06/03/2015
Decision Date:	08/27/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/20/2015

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: Connecticut, California, Virginia
 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:

This 61 year old female sustained an industrial injury on 6/03/15. She subsequently reported neck and right shoulder pain. Diagnoses include sprain of neck. Treatments to date include x-ray, MRI and MRI testing, injections, physical therapy, modified work duty and prescription pain medications. The injured worker reports continued right shoulder pain. Upon examination, there was tenderness on the right AC joint with decreased right shoulder range of motion. Provocative testing including impingement signs were negative. There is some tightness with passive range of motion indicative of adhesive capsulitis. A request for EMG/NCV right upper extremity was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-78.

Decision rationale: Per the MTUS ACOEM Guidelines, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities 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 no substantial objective evidence of neurologic physical exam abnormalities provided in the documents (normal strength, no radicular symptoms described, etc.), and therefore there is incomplete information to indicate neurologic dysfunction that is evidential of need for electrodiagnostics. Therefore, per the guidelines, the request for EMG/NCV is not considered medically necessary.