Case Number:	CM15-0144420		
Date Assigned:	08/05/2015	Date of Injury:	04/13/2013
Decision Date:	09/18/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/24/2015

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: Florida, New York, Pennsylvania
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 26 year old female patient who sustained an industrial injury on April 13, 2013. The patient was employed as a store clerk. The accident was described as while returning from an outdoor event at place of employment she was on work property parking her automobile, she noted being belted in the car and being struck from behind thrusting both forwards and backwards with resulting injury sustained. She was seen evaluated (private pay) and off from work duty through April 14, 2013. Thereafter, she continued working full time duty. A recent primary treating office visit dated May 27, 2015 reported previous treatment modality to involve: chiropractic care (under private pay), re-examined by a secondary treating and prescribed medications: a course of physical therapy with no relief from symptom. She had current complaint of cervical spine, right shoulder, and right elbow, lower back and right hip pains. Prior surgery to include: right shoulder arthroscopy in October of 2014. She also received radiofrequency treatment in October and November 2014. Current medications are: Percocet 10mg 325 mg, Flexeril, Cymbalta, and Limbrel. The following treating diagnoses were applied: status post right shoulder arthroscopy; left shoulder subacromial impingement syndrome; lumbar spine strain, rule out radiculopathy; and cervical spine strain, rule out radiculopathy. The plan of care noted the patient recommended undergoing electronic nerve conduction study of all extremities; attending a course of physical therapy and following up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography) of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The member reported being struck from behind while parking 13 Apr 13. Subsequently developed complaints of moderate to severe neck pain radiating to the right shoulder and arm down to the hand. The member sustained a second injury 22 May 13 while at work. The member reported an immediate increase in pain. Physical examination reportedly failed to identify motor, sensory or reflex findings. If the neurologic examination is unclear physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. However, the symptoms reported relate only to the right upper extremity. The request for an EMG of the LUE in not supported. The UR Non-Cert is supported. The request is not medically necessary.

NCV (nerve conduction velocity) of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The member reported being struck from behind while parking 13 Apr 13. Subsequently developed complaints of moderate to severe neck pain radiating to the right shoulder and arm down to the hand. The member sustained a second injury 22 May 13 while at work. The member reported an immediate increase in pain. Physical examination reportedly failed to identify motor, sensory or reflex findings. If the neurologic examination is unclear physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. However, the symptoms reported relate only to the right upper extremity. The request for a NCV of the LUE in not supported. The UR Non-Cert is supported. The request is not medically necessary.

EMG (electromyography) of the right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The member reported being struck from behind while parking 13 Apr 13. Subsequently developed complaints of moderate to severe neck pain radiating to the right shoulder and arm down to the hand. The member sustained a second injury 22 May13 while at work. The member reported an immediate increase in pain. Physical examination reportedly failed to identify motor, sensory or reflex findings. If the neurologic examination is unclear physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Based on the duration of symptoms and reported disability the unavailability of results from the reported MRI and EMG obtained in 2013 the request for the EMG of the RUE is medically necessary.

NCV (nerve conduction velocity) of the right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The member reported being struck from behind while parking 13 Apr 13. Subsequently developed complaints of moderate to severe neck pain radiating to the right shoulder and arm down to the hand. The member sustained a second injury 22 May13 while at work. The member reported an immediate increase in pain. Physical examination reportedly failed to identify motor, sensory or reflex findings. If the neurologic examination is unclear physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Based on the duration of symptoms and reported disability the unavailability of results from the reported MRI and EMG obtained in 2013 the request for the NCV of the RUE is medically necessary.