

Case Number:	CM15-0145020		
Date Assigned:	08/03/2015	Date of Injury:	12/24/2012
Decision Date:	08/31/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/27/2015

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: Arizona, California
 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 61 year old male, who sustained an industrial injury on 12-24-2012. The mechanism of injury was from lifting. The injured worker was diagnosed as having right shoulder pain post arthroscopy and rule out infection and radiculopathy versus nerve entrapment. Cervical magnetic resonance imaging showed cervical 6-7 severe degenerative changes. Treatment to date has included therapy and medication management. In a progress note dated 6-25-2015, the injured worker complains of right neck stiffness, right shoulder and right arm pain with parasthesias in the right hand. Physical examination showed right shoulder tenderness with decreased range of motion. The treating physician is requesting electromyography (EMG) and nerve conduction study (NCS) for the right upper extremity.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter EMG/NCV and pg 38.

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but 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. In this case, the claimant has episodic paresthesias in the right arm. The MRI shows degenerative change in the cervical spine. An EMG/NCV is appropriate in delineating central vs. peripheral etiology.