

Case Number:	CM15-0147369		
Date Assigned:	08/10/2015	Date of Injury:	03/22/2013
Decision Date:	09/09/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/29/2015

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 35 year old male who sustained an industrial injury on 3-22-13. His initial complaints are not available for review. However, the Qualified Medical Examiner (QME) reports indicate that the injury was sustained by tripping over an object, causing him to fall onto his right upper extremity, while performing his job duties. He was immediately taken to an occupational health clinic. X-rays of his right shoulder and lumbar spine were completed. His right shoulder was noted to have an "acute non-displaced fracture in the region of greater tuberosity of right humerus head". He also underwent an MRI of the lumbar spine, which revealed "mild disc space narrowing at L4-5 and L5-S1, marginal osteophyte formation of lower thoracic spine to lesser extent lumbar spine". He was treated with medications for pain control and given a sling for right shoulder support. On 3-25-13, he was seen by an orthopedic surgeon and diagnosed with right shoulder greater tuberosity fracture with possible rotator cuff pathology or internal derangement. He recommended continuation of the arm sling and supportive care with rest, ice, and anti-inflammatory medication. He recommended an MRI for further evaluation. The injured worker received physical therapy with "no benefit". He followed up with the orthopedic surgeon on 5-8-13, who recommended starting therapy for overhead motion to avoid frozen shoulder. On 6-3-13, the injured worker changed his primary treating physician due to persistent right shoulder pain with loss of range of motion. His new primary treating physician specialized in physiatry and pain. He was diagnosed with right shoulder pain, right shoulder rotator cuff injury, cervical sprain, strain, right shoulder sprain, strain, and myofascial pain syndrome. Treatment recommendations were for a right shoulder cortisone injection,

acupuncture and medications that included Mobic, Ultram, and Flexeril. The injured worker received the steroid injection to his right shoulder with "no significant benefit". Acupuncture gave "transient benefit". In June 2013, he returned to the original orthopedic surgeon and was diagnosed with frozen shoulder, status-post tuberosity fracture. An MRI was completed and revealed "fracture for greater tuberosity anterior aspect with minimal superior migration". No rotator cuff tear was noted. An MRI was completed on the cervical spine in July 2013. This revealed degenerative disc disease with joint arthropathy at multiple levels. The record states that the "most prominent findings are the spinal canal stenosis at C6-7 and C5-6". On July 9, 2013, the primary treating physician recommended psychological consultation and prescribed Prozac. The injured worker underwent a right shoulder arthroscopy and lysis of adhesions on 11-7-13 due failure of conservative therapy. He was referred to physical therapy post-operatively. The QME report of 1-19-15 states that the injured worker "has exhausted conservative therapy" for the right shoulder. A functional capacity evaluation and EMG-nerve conduction study of bilateral upper extremities were recommended. The primary treating physician agreed in his note dated 5-12-15 that the injured worker should proceed with this diagnostic test.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervical Spine and Upper Extremity section, EDS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the guidelines, NCV is recommended for ulnar impingement after failure of conservative treatment. It is not recommended for evaluation of nerve screening without symptoms. In this case, the claimant has chronic upper extremity pain and difficulty with abduction. There is no mention of neuropathy, radicular signs or abnormal neurological exam that would warrant an EMG/NCV. Therefore the request is not medically necessary.