

Case Number:	CM15-0166646		
Date Assigned:	09/04/2015	Date of Injury:	07/29/2014
Decision Date:	10/08/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/25/2015

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: Texas, 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 45-year-old male who sustained an industrial injury on 7-29-14 when he fell from a ladder injuring his right shoulder. He currently (7-21-15) complains of some pain of the right shoulder. On physical exam of the right shoulder there was tenderness with positive apprehension test, no classic impingement sign and limited range of motion. The 5-26-15 note indicates that the right shoulder was deteriorating. Diagnoses included torn subscapularis muscle, right shoulder, with retraction, right shoulder; tendinitis, right shoulder. Diagnostics include MR arthrogram right shoulder (7-27-15) showing tear of the superior labrum. On 8-19-15 utilization, review evaluated a request for electromyography and nerve conduction study of the bilateral upper extremities. Per the note dated 7/29/15, the patient had complaints of pain in upper extremity, thoracic, right shoulder and cervical region. Physical examination revealed limited range of motion of the right shoulder and diminished sensation in right upper extremity. Other therapy done for this injury was not specified in the records provided. The medication list include Anaprox.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG)/Nerve conduction velocity (NCV) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Request: Electromyogram (EMG)/Nerve conduction velocity (NCV) of the bilateral upper extremities. Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." Detailed history and duration of signs /symptoms of tingling and numbness in the bilateral upper extremity was not specified in the records provided. Physical examination revealed limited range of motion of the right shoulder and diminished sensation in right upper extremity. A recent detailed physical and neurological examination of the right and left upper extremity was not specified in the records provided. A plan for an invasive procedure for the upper extremity was not specified in the records provided. The response of the symptoms to a period of rest and oral pharmacotherapy including NSAIDS, was not specified in the records provided. Any objective evidence of cervical spine red flags or physiological evidence of tissue insult or neurological dysfunction was not specified in the records provided. Details of PT or other type of therapy done since date of injury was not specified for this injury. The records submitted contain no accompanying current PT evaluation for this patient. A detailed response to a complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. The medical necessity of the request for Electromyogram (EMG)/Nerve conduction velocity (NCV) of the bilateral upper extremities is not medically necessary.