

Case Number:	CM15-0182525		
Date Assigned:	09/23/2015	Date of Injury:	05/13/2006
Decision Date:	11/03/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/16/2015

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: California, North Carolina
 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 54 year old female who sustained an industrial injury on 5-13-06. A review of the medical records indicates she is undergoing treatment for arthritis, bursitis and tendinitis bilateral shoulders, status post acromioplasty left shoulder, status post impingement and arthritis right shoulder, and left neuropathy with possible radiculopathy. Medical records (7-16-15 to 8-3-15) indicate complaints of bilateral shoulder pain, "locking of some fingers on both hands", aching and weakness of the left arm, and pain in both hands. The records state that she is unable to take non-steroidal anti-inflammatory medications due to previous gastric bypass surgery. The physical exam reveals decreased range of motion with internal rotation of the left shoulder, as well as tenderness of the shoulder. "Triggering" is noted of the 2nd, 3rd, and 4th fingers of the left hand (7-16-15). Deep tendon reflexes "reveal that the biceps are "2 out of 2", triceps are "2 out of 2", and brachioradialis are "2 out of 0" (8-3-15). The effects of her complaints on activities of daily living are not addressed in the provided records. Diagnostic studies are not included in the provided records. Treatment has included work restrictions, indicating, "Her employer needs to adhere to the restrictions as outlined in her QME dated 10-6-10", no excessive use of the right and left shoulder, and an injection of Celestone in the left shoulder. The treating provider recommended an EMG-NCV of the left upper extremity "to determine the cause for the continued weakness". The utilization review (8-21-15) indicates denial of the requested service, stating that "severe and-or progressive findings have not been evidenced", therefore medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS for the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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

Decision rationale: MTUS/ACOEM Guidelines state that EMG/NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 weeks. Electrodiagnostic studies (EDS) may help differentiate between Carpal Tunnel Syndrome and other conditions, such as cervical radiculopathy. In this case, the Guideline criteria for EDS have not been met. The claimant has bilateral shoulder pain with left-sided neck pain. There is also left arm weakness and bilateral hand pain. There is a positive impingement sign in the left shoulder. However, severe and/or progressive neurologic findings are not present in this case. Therefore the request is not medically necessary or appropriate.