

Case Number:	CM15-0184564		
Date Assigned:	10/01/2015	Date of Injury:	02/03/2015
Decision Date:	11/10/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/19/2015

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: North Carolina, Georgia
 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(n) 34 year old male, who sustained an industrial injury on 2-3-15. The injured worker was diagnosed as having left shoulder injury, lumbar injury, left elbow injury and myofascial pain. Medical records (5-19-15 through 7-21-15) indicated 7-8 out of 10 pain. The physical exam (8-14-15 through 8-27-15) revealed a positive Neer's and O'Brien test and tenderness to palpation in the left upper trapezius and bicipital groove. Treatment to date has included a TENS unit, a left shoulder cortisone injection on 8-14-15 with 45% relief, a left shoulder MRI on 6-13-15 showing minimal infraspinatus tendinosis, Naproxen, LidoPro cream and Gabapentin. As of the PR2 dated 9-4-15, the injured worker reports 7 out of 10 pain in his left shoulder, left elbow and low back with numbness in the bilateral lower extremities. Objective findings include diffuse tenderness to palpation in the left shoulder and a positive O'Brien test. The treating physician requested an EMG-NCV of the left upper extremity. On 8-26-15, the treating physician requested a Utilization Review for an EMG-NCV of the left upper extremity. The Utilization Review dated 9-8-15, non-certified the request for an EMG-NCV of the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: CA MTUS/ACOEM allows for the use of EMG and NCV for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of arm or neck symptoms. In this case, the medical record does not document radiculopathy or neuropathic symptoms of the left upper extremity. I uphold the non-certification of EMG/NCV of left upper extremities. The request is not medically necessary.