

Case Number:	CM15-0187046		
Date Assigned:	10/02/2015	Date of Injury:	12/07/2007
Decision Date:	12/07/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/23/2015

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: Oregon
 Certification(s)/Specialty: Plastic Surgery, Hand Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 35 year old woman sustained an industrial injury on 12-7-2007. Diagnoses include diffuse musculoskeletal myofascial pain, cervical spine disc bulge with degenerative osteophyte, bilateral shoulder sprain-strain, psychiatric issues, gastrointestinal issues, headaches, and lumbar spine sprain-strain. Treatment has included oral medications, use of a cane, and physical therapy. Physician notes dated 8-26-2015 show complaints of cervical and lumbar spine pain rated 9 out of 10 with radiation to the bilateral arms and legs, bilateral shoulder pain rated 9 out of 10, and left knee pain. The physical examination shows a slow antalgic gait with a cane, "decreased" cervical range of motion, paraspinal tenderness, and decreased strength and sensation on the right at C5, C6, and C7. The bilateral shoulders were tender on palpation range of motion shows flexion 90 degrees bilaterally, abduction 90 degrees bilaterally, internal rotation is "full" bilaterally, external rotation was "limited" bilaterally, neurovascular status was intact, strength is rated 4 out of 5 bilaterally, and positive bilateral Hawkin's sign. Right wrist numbness and decreased strength was noted 4 out of 5. The lumbar spine was tender to palpation, range of motion showed "limited" flexion, extension was "full", bilateral rotation was "full," neurovascular status was intact, bilateral sitting straight leg raise is positive on the left and negative on the right, decreased sensation and strength is noted as 4+ out of 5 at L4 and L5 on the right, which is new. Paresthesia is noted in the right lower extremity. The left knee revealed decreased range of motion with 130 degrees of flexion and 0 degrees of extension, positive valgus, varus stress test, and McMurray's sign. Tenderness was noted to the lateral joint line and slight decreased quadriceps strength of 4 out of 5. Recommendations include obtain reports from

other specialists and bilateral upper extremity electromyogram and nerve conduction studies. Utilization Review denied requests for electromyogram and nerve conduction studies of the bilateral upper extremities on 9-10-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG, left upper extremity/shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter (Acute and Chronic), Electrodiagnostic testing.

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

Decision rationale: Per ACOEM, Chapter 8, pages 177-178: 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. This patient has both neck and arm symptoms. She also has leg symptoms radiating from her lower back. ACOEM supports both NCV and EMG to evaluate patients with chronic symptoms (> 4 weeks). This special study is medically necessary given the chronicity of the symptoms.

NCV, right upper extremity/shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter (Acute and Chronic), Electrodiagnostic testing.

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

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