

Case Number:	CM15-0188527		
Date Assigned:	09/30/2015	Date of Injury:	09/10/2014
Decision Date:	11/10/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/24/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 59-year-old male who reported an industrial injury on 9-10-2014. His diagnoses, and or impressions, were noted to include: right shoulder strain. No current imaging studies were noted; the 5-14-2015 note the findings of right shoulder x-rays and upper extremity electrodiagnostic studies (date unknown). His treatments were noted to include: physical therapy for the bilateral shoulders; consultation; and rest from work. The progress notes of 8-4-2015 reported complaints which included: right shoulder-arm pain; and that he had not had electrodiagnostic studies on his right upper extremity. No objective findings were noted. The physician's requests for treatment were noted to include: electromyogram of the upper extremity. The progress notes of 6-30-2015 noted intermittent right shoulder pain and that he was uncertain if he had had electrodiagnostic studies to the right upper extremity. The Request for Authorization, dated 8-4-2015, stated it was for service-goods as "per the instructions and/or requested treatments above... of the attached medial report on which the requested treatment can be found", which was not noted in the medical records provided. The Utilization Review of 8-24-2015 non-certified the request for electromyogram and nerve conduction velocity studies of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV (nerve conduction velocity), Right 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: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, there is no clear documentation that the injured worker has specific nerve compromise of the upper extremities. Additionally, the most recent progress report did not include an objective physical exam. The request for NCV (nerve conduction velocity), right upper extremity is determined to not be medically necessary.

EMG (electromyography), Right 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: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, there is no clear documentation that the injured worker has specific nerve compromise of the upper extremities. Additionally, the most recent progress report did not include an objective physical exam. The request for EMG (electromyography), right upper extremity is determined to not be medically necessary.