

Case Number:	CM15-0193044		
Date Assigned:	10/07/2015	Date of Injury:	11/22/2014
Decision Date:	11/19/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/01/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 43 year old male who sustained an industrial injury on 11-22-2014. Treatment to date has included medications, physical therapy, steroid injection to the shoulder, right shoulder surgery and postoperative physical therapy. According to an initial consultation note dated 08-26-2015, the injured worker reported constant throbbing and sharp pain at his neck and low back radiating to the right posterior thigh and right arm with burning sensation. Pain level was rated 5 on a scale of 0-10. The injured worker was not currently taking any medications. Physical examination demonstrated decreased range of motion in the cervical and lumbar spine due to pain. Straight leg raise was negative bilaterally. Manual muscle strength test in the bilateral upper and lower limbs was 5 out of 5 with normal tone. Sensation was intact to light touch and pin prick at bilateral upper and lower limbs. Muscle stretch reflex was 2 plus and symmetric in bilateral upper and lower limbs. Spurling test was questionably positive. Impingement sign was positive on the right side. Bilateral Babinski's sign was negative. No ankle clonus was noticed. On palpation there was mild tenderness at cervical and lower lumbar paraspinal muscle and the right shoulder without spasm. The right thumb was unable to perform flexion without pain. Impression included status post fall injury on 11-22-2014, status post right shoulder arthroscopic surgery with debridement, decompression SLAP repair and distal clavicle resection on 04-21-2015 with residual pain, cervical spine strain sprain with possible radicular pain, lumbar spine strain sprain with possible radicular pain and right thumb loss of flexion. The treatment plan included hand surgeon evaluation, lumbar spine x-ray, EMG (electromyography) and NCV (nerve conduction velocity) studies for the upper limbs to evaluate cervical radiculopathy or brachial plexopathy or other neuropathy. Follow up was

indicated in 6 weeks. According to a physical therapy progress report dated 07-29-2015, the injured worker reported that the stronger the shoulder became, the weaker the thumb and hand became. He noticed he was dropping things more frequently and had more "NT" from the shoulder down to the thumb, 2nd and 3rd digits. On 09-08-2015, Utilization Review non-certified the request for EMG and NCV of the upper extremities and authorized the request for hand surgeon evaluation and x-ray of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the upper extremities (UE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtwc/neck.htm>.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): General Approach, Diagnostic Criteria.

Decision rationale: ACOEM Guidelines chapter 8 indicates that EMG/NCV may help identify subtle neurological dysfunction in patients with neck and arm symptoms. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms or both, lasting three or four weeks. EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation. EMG is useful to identify physiologic insult and anatomical defect in the case of neck pain. The submitted documents and IW's complaints and physical exam findings fail to substantiate the need for EMG/NCV as outlined above. Therefore at this time the request is not medically necessary.