

Case Number:	CM15-0195354		
Date Assigned:	10/09/2015	Date of Injury:	01/29/2014
Decision Date:	11/18/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/05/2015

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: Arizona, California
 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 55 year old female who sustained an industrial injury January 29, 2014. Past history included gastric bypass. According to a primary treating physician's progress report dated August 14, 2015, the injured worker presented for follow-up with complaints of severe neck pain. Objective findings included; examination reveals C3-C6 with increased pain. No other examination documented. Diagnosis is documented as MLS cervical spine, left shoulder strain. Treatment plan is documented as a pain management consultation to be performed October, 2015, and at issue, a request for authorization for EMG-NCS (electromyogram and nerve conduction studies) of the bilateral upper extremities and referral to an orthopedist for the left shoulder. A two view left shoulder x-ray dated August 5, 2014 (report present in the medical record) impression as; mild laxity of the (AC) acromioclavicular joint with mild inferior with subluxation; no evidence of fracture or dislocation; degenerative joint disease of the AC joint. According to utilization review dated September 10, 2015, the requests for EMG-NCS studies of the bilateral upper extremities and an orthopedist referral for the left shoulder were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG study of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Summary, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. According to the guidelines, EMG is recommended for ulnar impingement after failure of conservative treatment. It is not recommended for routine evaluation of nerve entrapment without symptoms. In this case, there was mention of cervical radiculopathy and tenderness of the cervical exam but a thorough neurological exam was not noted. Imaging was not noted. The claimant had undergone prior ESI indicating confirmed radiculopathy. There was no indication of equivocal findings. The claimant was also referred to a neurologist. The request for the EMG is not substantiated and not medically necessary.

NCS study of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

Decision rationale: An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. According to the guidelines, NCV is recommended for ulnar impingement after failure of conservative treatment. It is not recommended for routine evaluation of nerve entrapment without symptoms. In this case, there was mentions of cervical radiculopathy and tenderness of the cervical exam but a thorough neurological exam was not noted. Imaging was not noted. The claimant had undergone prior ESI indicating confirmed radiculopathy. There was no indication of equivocal findings. The claimant was also referred to a neurologist. The EMG as above is not necessary. The request for the NCS is not substantive and not medically necessary.

Referral to an orthopedist, left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter/office guidelines and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant was referred to Orthopedics 1 year prior who believed the pain was cervical in nature. The current request was not substantiated by exam findings, need for surgery, or a complex diagnosis. The request for another orthopedic consult is not required.