

Case Number:	CM15-0197337		
Date Assigned:	10/12/2015	Date of Injury:	07/03/2008
Decision Date:	11/24/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/07/2015

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:

The injured worker is a 35 year old, male who sustained a work related injury on 7-3-08. A review of the medical records shows he is being treated for right shoulder pain. Treatments have included right shoulder surgery on 11-24-08, physical therapy, right shoulder cortisone injection, medications and home exercises. Current medications include Norco. In the progress notes, the injured worker reports his right shoulder is at "30%." He reports "deep-seated" anterolateral shoulder pain described as a dull ache. His symptoms "remain stable and unchanged." He is able to perform his activities with mild discomfort. In physical exam dated 9-23-15, he has slightly decreased range of motion in right shoulder. Sensation is grossly intact with noted decreased sensation on the right fourth and fifth digits. Electrodiagnostic studies done on 9-17-15 reveal "right lower trunk-medial cord brachial plexopathy with preferential involvement of the ulnar fibers. Moderate eight median neuropathy at the wrist consistent with carpal tunnel syndrome. No evidence of focal right ulnar neuropathy." No notation of working status. The treatment plan includes a request for electrodiagnostic studies of the right upper extremity. The Request for Authorization dated 9-24-15 has a request for bilateral upper extremity electrodiagnostic nerve conduction studies. In the Utilization Review dated 10-1-15, the requested treatment of outpatient electrodiagnostic nerve conduction studies of the right upper extremity is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right upper extremity (RUE) electrodiagnostic nerve conduction studies:
Upheld

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

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, the injured worker has had multiple previous EMG studies of the right upper extremity that have all been consistent. Additionally, there has not been any appreciable interval change since the previous EMG to warrant another EMG. The request for outpatient right upper extremity (RUE) electrodiagnostic nerve conduction studies is determined to not be medically necessary.