

Case Number:	CM15-0200730		
Date Assigned:	10/15/2015	Date of Injury:	10/09/2012
Decision Date:	11/24/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/13/2015

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: Physical Medicine & Rehabilitation, 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(n) 59 year old female, who sustained an industrial injury on 10-9-12. The injured worker was diagnosed as having status post right shoulder rotator cuff decompression on 3-15-13, right shoulder full thickness insertional tear of the supraspinatus tendon with bursitis per MRI on 11-19-14 and left shoulder compensatory strain. Subjective findings (6-15-15, 7-13-15, and 8-24-15) indicated 5-8 out of 10 pain in the bilateral shoulders with stiffness and weakness in the bilateral arms. The injured worker reported difficulty performing daily activities of living, such as putting on her blouse. Objective findings (6-15-15, 7-13-15, and 8-24-15) revealed tenderness over the bilateral shoulders and "restricted" and "limited" range of motion with crepitus and pain. As of the PR2 dated 9-21-15, the injured worker reports constant pain in her bilateral shoulder with numbness, stiffness and weakness in the bilateral arms. Objective findings include tenderness over the bilateral shoulders and "restricted" range of motion with crepitus and pain. There is no neurological examination. Treatment to date has included chiropractic treatments for the upper back and bilateral shoulders starting on 7-22-15, Cyclobenzaprine, Nabumetone and Omeprazole. The Utilization Review dated 10-5-15, non-certified the request for NCV-EMG of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV/EMG for upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury in October 2012 and underwent a right rotator cuff decompression in March 2013, which failed. An MRI of the right shoulder in November 2014 included findings of a full thickness supraspinatus tendon tear with bursitis. When seen, she was having moderate to severe bilateral shoulder pain with numbness, stiffness, and weakness of both arms. She was having difficulty performing activities of daily living. She had noted decreased hand strength. Physical examination findings were that of bilateral shoulder tenderness with muscle spasms and decreased and painful range of motion with crepitus. Authorization was requested for bilateral upper extremity electrodiagnostic testing. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression. There is no documented neurological examination. The assessment provided when requested does not support the need for obtaining bilateral upper extremity EMG or NCS testing at this time. This request is not medically necessary.