MAXIMUS Federal Services

Case Number:	CM15-0203450		
Date Assigned:	10/20/2015	Date of Injury:	02/13/2014
Decision Date:	12/01/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/15/2015

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 59-year-old female who sustained an industrial injury February 13, 2014. Past history, included status post left shoulder decompression distal clavicle resection. Diagnosis is documented as pain in joint-shoulder region. Physical therapy notes dated July 22, 2015 visit #9, revealed the injured worker reported stiffness and soreness posterior to anterior left shoulder and is overall pleased with her progress with increased range of motion and minimal soreness after exercise. According to a treating physician's notes dated September 3, 2015, the injured worker presented doing well about her left shoulder and relief of pain. She does complain of persistent pain in her neck, shoulder and down her arm in ulnar distribution consistent with probable cervical disc disease with probably some radiculopathy and possible nerve entrapment. No physical examination was documented. At issue, is a request for NCS-EMG (nerve conduction studies- electromyography) of the bilateral upper extremities and an office visit. According to utilization review dated September 15, 2015, the requests for EMG-NCS bilateral upper extremities and an Office visit, bilateral upper extremities per the September 4, 2015 order were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS/EMG of the bilateral upper extremities: Upheld

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

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 February 2014 when she felt something give in her left shoulder while she was reaching. She underwent a left subacromial decompression in February 2015. As of 06/26/15, she had completed more than 20 sessions of postoperative physical therapy but had been unable to regain her preoperative mobility. There had been improvement in pain after a recent injection but her range of motion had not changed. She had high levels of pain with active shoulder range of motion. She received additional therapy and in July 2015, she had done well and was making significant improvements. She was having symptoms of neuritis down her shoulder along the ulnar nerve medially and into her fifth finger. There was consideration of electrodiagnostic testing. When seen in September 2015 there had been significant pain relief with the additional treatments. She had persistent neck and shoulder pain and pain into her arm in an ulnar distribution. Electrodiagnostic testing of both extremities was requested. No physical examination was recorded. A follow-up after the testing was requested. 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 by physical examination. There is no documented neurological examination that would support the need for obtaining left upper extremity EMG or NCS testing at this time. Bilateral upper extremity testing is being requested which would not be expected to be needed to evaluate the claimant's left sided symptoms. This request is not medically necessary.

Office Visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, 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 (Chronic) Office visits.

Decision rationale: The claimant sustained a work injury in February 2014 when she felt something give in her left shoulder while she was reaching. She underwent a left subacromial decompression in February 2015. As of 06/26/15, she had completed more than 20 sessions of postoperative physical therapy but had been unable to regain her preoperative mobility. There had been improvement in pain after a recent injection but her range of motion had not changed.

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