

Case Number:	CM15-0209654		
Date Assigned:	10/28/2015	Date of Injury:	03/28/2005
Decision Date:	12/14/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/26/2015

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: Texas, New York, 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 applicant is a represented 50-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of March 28, 2005. In a Utilization Review report dated October 6, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the left upper extremity. The claims administrator referenced a September 2, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On May 20, 2015, the applicant reported ongoing complaints of shoulder pain status post earlier shoulder surgery of January 10, 2015. The applicant had undergone an arthroscopic lysis of adhesions procedure, subacromial decompression, open biceps tenodesis, it was reported. Physical therapy and work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. On July 22, 2015, the applicant reported ongoing complaints of shoulder pain. The applicant was 80% improved, it was reported, however. The applicant exhibited intact sensorium about the injured arm with flexion in the 180-degree range. The applicant was apparently returned to regular duty work on a trial basis, it was stated on this date. On September 2, 2015, the applicant reported ongoing issues with shoulder pain. The applicant was described as feeling well overall but reported some mild residual discomfort. Intact sensorium was noted about the upper extremity. The applicant apparently exhibited 180 degrees of flexion about the injured shoulder but was described in the diagnosis section of the note as exhibiting winging of the scapula. The applicant was returned to regular duty work. The attending provider suggested that the applicant had some scapular winging.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyelography)/ NCV (Nerve Conduction Velocity) study of LUE (left upper extremity): Overturned

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary.

Decision rationale: Yes, the request for electrodiagnostic testing of the left upper extremity was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213 notes that EMG and NCV studies are not recommended as part of a shoulder evaluation for usual diagnoses, here, however, the attending provider's September 2, 2015 office visit stated that the applicant did not, in fact, have a usual diagnosis involving the injured shoulder, but, rather, contended that the applicant carried a diagnosis of scapular winging secondary to long thoracic nerve injury. Obtaining electrodiagnostic testing to ascertain the presence or absence of the same was, thus, indicated. Therefore, the request was medically necessary.