

Case Number:	CM15-0218650		
Date Assigned:	11/10/2015	Date of Injury:	02/25/2014
Decision Date:	12/29/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/06/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 62 year old female, who sustained an industrial injury on 02-25-2014. The injured worker was working full time as of 07-15-2015. Medical records indicated that the injured worker is undergoing treatment for status post rotator cuff tear repair surgery, atrophy of the right teres minor muscle, and mild right carpal tunnel syndrome "per EMG (electromyography) findings". Treatment and diagnostics to date has included shoulder surgery, physical therapy, cervical spine MRI, and electromyography-nerve conduction velocity studies (EMG-NCV) of right upper extremity dated 07-15-2015 showed "mild" right carpal tunnel syndrome and "likely mild" right C8 radiculopathy. Subjective data (06-10-2015), included pain and weakness in right shoulder. Objective findings (06-10-2015) included mild atrophy of right teres minor, pain over the right shoulder with external rotation, and hyperesthesia to pin prick in right shoulder area. The Utilization Review with a decision date of 10-14-2015 non-certified the request for electromyography-nerve conduction velocity studies of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper Extremity Pain: Diagnostic Studies.

Decision rationale: NCV of right shoulder is medically necessary. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Electromyography (EMG), NCS including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The physical exam was not indicative of a radiculitis and there was no confirmation with the MRI. There is indication for an NCS of the upper extremity; therefore, the request is medically necessary.

EMG of right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper Extremity Pain: Diagnostic Studies.

Decision rationale: EMG of the right shoulder is medically necessary. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Electromyography (EMG), NCS including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The physical exam was not indicative of a radiculitis and there was no confirmation with the MRI. There is indication for an EMG of the upper extremity; therefore, the request is not medically necessary.