

Case Number:	CM15-0031557		
Date Assigned:	02/24/2015	Date of Injury:	09/10/2013
Decision Date:	04/09/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/19/2015

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: Physical Medicine & Rehabilitation

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 72-year-old male who sustained an industrial injury to the right shoulder on September 10, 2013. The injured worker was diagnosed with adhesive capsulitis, status post rotator cuff repair and lumbago. The injured worker underwent a right shoulder rotator cuff repair on December 17, 2013. According to the primary treating physician's progress report on January 20, 2015 the injured worker's chief complaint was the right shoulder. The physician did express that the injured worker has pain that radiates down the posterior lateral right leg. There was no further evaluation of the lower back at this time. The medical report on December 9, 2014 does not refer to the lower back. Current medications consist of Tramadol, Cyclobenzaprine and Fenoprofen. Treatment modalities were not documented for the chronic low back pain. The treating physician requested authorization for Electromyography (EMG) Nerve Conduction Velocity (NCV) Studies, bilateral lower extremities. On January 28, 2015 the Utilization Review denied certification for Electromyography (EMG) Nerve Conduction Velocity (NCV) Studies, bilateral lower extremities. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines) and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG / NCV (Electromyography / Nerve conduction velocity) Study; Bilateral lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Institute, LLC; Corpus Christi TX; Section: Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 303, 366-367. Decision based on Non-MTUS Citation Official disability guidelines, low back chapter, Nerve conduction studies (NCS).

Decision rationale: This patient presents with right shoulder pain. The treater has asked for EMG/NCV (Electromyography Nerve Conduction Velocity) Study Bilateral Lower Extremity on 1/20/15 "as his pain radiates down the posterior lateral right leg and should localize the nerve root irritation to reduce pain." The 12/9/14 report states patient has right shoulder pain that radiates proximally to his neck, thoracic spine, right arm/elbow/fingers. Review of the reports do not show any evidence of electromyography or nerve conduction velocities of the lower extremities being done in the past. Regarding electrodiagnostic studies of lower extremities, ACOEM supports EMG and H-reflex to address potential focal neurologic issues with low back pain. The patient is currently working with restrictions. In this case, the patient has right shoulder pain radiating to the neck, T-spine, and right upper extremity. The treater has asked for EMG/NCV of the bilateral lower extremities. The patient does have radiating left lower extremity pain, but there is no mention of right lower extremity pain or of any lower back pain per review of reports dated 9/11/14 to 1/20/15. Furthermore, ODG does not support NCV studies for symptoms that are presumed to be radicular in nature. The request IS NOT medically necessary.