

Case Number:	CM15-0035473		
Date Assigned:	03/03/2015	Date of Injury:	02/24/2014
Decision Date:	04/14/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/25/2015

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: 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 injured worker is a 55-year-old female, with a reported date of injury of 02/24/2014. The diagnoses include right shoulder stiffness, right shoulder acromioclavicular pain, right shoulder partial rotator cuff tear, right shoulder posterior labral tear, and status post right shoulder Mumford and decompression surgery. Treatments included right shoulder arthroscopy, excision of the distal clavicle, Mumford procedure, subacromial decompression, chondroplasty of the humeral head, debridement of the partial tear of the rotator cuff, and synovectomy on 08/14/2014; physical therapy; an MRI of the right shoulder; oral medication; an x-ray of the right shoulder on 04/11/2014; an ultrasound-guided cortisone injection, and an MRI of the right shoulder. The progress report dated 01/14/2015 indicates that the injured worker had stiffness and felt that she had gotten worse. The injured worker participated in physical therapy, but had a lot of pain. The physical examination showed normal light touch, 2+ radial pulses, and well healed incisions. The treating physician requested an electromyography/nerve conduction velocity (EMG/NCV) to the right upper extremity. The rationale for the request was not indicated. On 01/23/2015, Utilization Review (UR) denied the request for an electromyography/nerve conduction velocity (EMG/NCV) to the right upper extremity. The UR physician noted that there was no evidence of radiculopathy on physical examination and electromyography testing had not been carried out to rule out radiculopathy prior to the request for the nerve conduction study. The MTUS ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV to the Right upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. The history and physical exam offer no indication of CTS or cervical radiculopathy. Nerve conduction studies and EMG to the right upper extremity are not medically necessary.