

Case Number:	CM15-0052656		
Date Assigned:	03/26/2015	Date of Injury:	12/19/2007
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/20/2015

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, Illinois

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 56-year-old male, who sustained an industrial injury on 12/19/2007. He reported tripping and falling with immediate pain to the right hand, wrist, and right shoulder followed by a lifting injury with continued pain. Diagnoses include bilateral shoulder bursitis, left shoulder adductor tear, left shoulder sprain/strain, status post arthroscopy and Mumford right shoulder, and thoracic spine sprain/strain. Treatments include activity modification, medication therapy, wrist brace, and physical therapy. Currently, they complained of continued shoulder pain. On 2/16/15, the physical examination documented decreased left shoulder range of motion. The plan of care included continued medication therapy and EMG/NCS of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV OF THE UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Electrodiagnostic testing (EMG/NCS).

Decision rationale: The injured worker sustained a work related injury on 12/19/2007. The medical records provided indicate the diagnosis of bilateral shoulder bursitis, left shoulder adductor tear, left shoulder sprain/strain, status post arthroscopy and Mumford right shoulder, and thoracic spine sprain/strain. Treatments include activity modification, medication therapy, wrist brace, and physical therapy. The medical records provided for review do not indicate a medical necessity for EMG/NCV OF THE UPPER EXTREMITIES. The records reviewed indicate the injured worker has muscle wasting, weak grip and sensory loss in the right upper limb; the examination of the left upper limb is essentially neurologically normal . Therefore, while it may be medically necessary to perform this test in the right upper extremity, it is not medically necessary and appropriate to test for the left. The MTUS silent on this, but the Official Disability Guidelines recommends either of the two tests if there is evidence of neurological dysfunction.