

Case Number:	CM15-0085653		
Date Assigned:	05/07/2015	Date of Injury:	07/28/2012
Decision Date:	06/16/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/04/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 34 year old male, who sustained an industrial injury on 7/28/12. He reported left shoulder pain. The injured worker was diagnosed as having biceps tenosynovitis, stiffness of joint of shoulder region, aftercare following surgery of musculoskeletal system and superior glenoid labrum lesion. Treatment to date has included arthroscopic debridement of left shoulder, Motrin, physical therapy and SLAP repair. Currently, the injured worker complains of numbness in lateral forearm following left shoulder surgery 10 days prior. Physical exam noted healing portal sites, decreased sensation along his lateral forearm and full range of motion. A request for authorization was submitted for 12 additional sessions of physical therapy, neurologic consultation and (EMG) Electromyogram/ (NCV) Nerve Condition Velocity studies of bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 213.

Decision rationale: EMG/NCV studies are not recommended as part of the usual shoulder evaluation. Electrodiagnostic studies are recommended in the diagnosis of thoracic outlet syndrome. In this case, the patient complains of numbness in the left lateral forearm following left shoulder surgery. The request is for bilateral EMG/NCV, even though the patient is only symptomatic on the left. The request for bilateral EMG/NCV is thus not medically necessary or appropriate.

Nerve Conduction Velocity of Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 213.

Decision rationale: EMG/NCV studies are not recommended as part of a usual shoulder evaluation. Electrodiagnostic studies are recommended in the diagnosis of thoracic outlet syndrome. In this case, the patient complains of numbness in the left lateral forearm following surgery on the left shoulder. The request is for bilateral EMG/NCV studies. The patient has no symptoms on the right upper extremity; therefore, the request for bilateral studies is not medically necessary.