

Case Number:	CM15-0085986		
Date Assigned:	05/08/2015	Date of Injury:	07/29/2014
Decision Date:	06/15/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/05/2015

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, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of July 29, 2014. In a Utilization Review report dated April 27, 2015, the claims administrator failed to approve a request for electro diagnostic testing of the bilateral upper extremities. The claims administrator referenced a progress note and associated RFA form of April 8, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated April 24, 2015, the applicant reported ongoing complaints of shoulder pain. Medications, including naproxen, were refilled. The applicant was placed off of work, on total temporary disability. Large portions of the progress note were difficult to follow and not altogether legible. In a narrative report dated April 14, 2015, the applicant reported ongoing complaints of shoulder pain reportedly attributed to a torn subscapularis muscle with retraction and shoulder tendonitis. MR arthrography of the shoulder was endorsed to determine the feasibility of surgical intervention. The applicant was placed off of work. In a handwritten progress note dated April 8, 2015, the applicant was placed off of work, on total temporary disability. The note was very difficult to follow. Ongoing complaints of shoulder pain were noted. MRI imaging of the cervical spine, thoracic spine, and right shoulder were endorsed, along with electro diagnostic testing of bilateral upper extremities. The note comprised, in large part, of pre-printed checkboxes, with little in the way of narrative commentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 9 Shoulder Complaints Page(s): 213; 272.

Decision rationale: No, the request for electro diagnostic testing of bilateral upper extremities was not medically necessary, medically appropriate, or indicated here. The applicant's primary operating diagnosis here was shoulder pain secondary to a torn subscapularis muscle pain. However, the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213 notes that EMG and NCV studies are not recommended as part of a shoulder evaluation for usual diagnoses. Here, the attending provider's documentation did not clearly established why or how electro diagnostic testing could be beneficial in the face of the unfavorable ACOEM position on the same. It is further noted that the applicant's symptoms appeared to be confined to the symptomatic right upper extremity. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 notes that the routine use of NCV or EMG testing in the evaluation of applicants without symptoms is not recommended. Since electro diagnostic testing of the bilateral upper extremities would include testing of the asymptomatic left upper extremity, the request, as written, is at odds with ACOEM principles and parameters. Therefore, the request was not medically necessary.