

Case Number:	CM15-0087170		
Date Assigned:	05/11/2015	Date of Injury:	04/15/2013
Decision Date:	06/19/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/07/2015

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:

This is a 58 year old male with an April 15, 2013 date of injury. A progress note dated April 1, 2015 documents subjective findings (neck pain; right shoulder pain; left shoulder pain from favoring right shoulder for two years; numbness of right hand), objective findings (tenderness over the anterior aspect of the right shoulder; very guarded range of motion of the right shoulder; limited internal and external rotation; positive impingement sign; positive abduction sign; tenderness of the anterior aspect of the left shoulder; positive tenderness sign; positive abduction sign; decreased range of motion of the cervical spine; tenderness over the right posterior cervical triangle), and current diagnoses (right lateral epicondylitis/wrist and forearm tendonitis; right carpal tunnel syndrome; cervical brachial syndrome; left shoulder impingement syndrome favoring the right; left calcific tendonitis). Treatments to date have included therapy (improvement in the range of motion of the right shoulder), magnetic resonance imaging of the left shoulder (September 26, 2014; showed full thickness rotator cuff tear of the supraspinatus tendon calcific tendonitis, degeneration of this; labrum, biceps tendonitis and moderate to severe acromioclavicular joint arthrosis), x-ray of the cervical spine (June 2, 2014; showed loss of normal lordotic curvature with evidence of calcifications at the anterior disc space of C3-4, C4-5 and C5-6), cortisone injection, right shoulder surgery, and medications. The treating physician documented a plan of care that included an outpatient nerve conduction velocity study of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Nerve Conduction Velocity to the right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Nerve Conduction Studies Extremity.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 8 Neck & Upper Back, Special Studies and Diagnostic and Treatment Considerations, pages 177-178.

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with peripheral neuropathy or entrapment syndrome, medical necessity for NCV has not been established. Submitted reports have not demonstrated any symptoms or clinical findings correlation to suggest any entrapment syndrome, only with continued diffuse pain diffuse decreased subjective numbness sensation without specific consistent myotomal or dermatomal correlation to support for the electrodiagnostics. Additionally, per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for EMG has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy. There was no documented failed conservative trial for this chronic injury without new injury or acute changed findings. The Outpatient EMG/Nerve Conduction Velocity to the right upper extremity is not medically necessary and appropriate.