

Case Number:	CM13-0035938		
Date Assigned:	01/03/2014	Date of Injury:	10/04/2012
Decision Date:	09/26/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/18/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 27-year-old male who sustained an injury to his left shoulder on 10/04/12 when he ran off the road and crashed into the sand. The injured worker stated that when breathing, his low back hurts, along with his left shoulder and neck. He noted a popping sound when lifting with his left shoulder. The injured worker subsequently underwent left shoulder arthroscopy and posterior capsular labral reconstruction dated 05/15/13. Current medications include Vicodin, Terocin and Somnocin. This request is for electrodiagnostic (EMG/NCS) study of the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE UPPER LEFT 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 (ODG), NECK AND UPPER BACK, ELECTRODIAGNOSTIC STUDIES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Electrodiagnostic studies (EDS).

Decision rationale: The request for EMG/NCS of the upper left extremity is not medically necessary. The basis for previous to denial was not documented. There was no follow-up note following the 05/15/13 surgical intervention provided for review that would indicate the injured worker's symptomatology following the procedure. Given the clinical documentation submitted for review, medical necessity of the request for EMG/NCS of the upper left extremity has not been established.

NCS OF THE UPPER LEFT 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 (ODG), NECK AND UPPER BACK, ELECTRODIAGNOSTIC STUDIES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK AND UPPER BACK, ELECTRODIAGNOSTIC STUDIES.

Decision rationale: The request for EMG/NCS of the upper left extremity is not medically necessary. The basis for previous to denial was not documented. There was no follow-up note following the 05/15/13 surgical intervention provided for review that would indicate the injured worker's symptomatology following the procedure. Given the clinical documentation submitted for review, medical necessity of the request for EMG/NCS of the upper left extremity has not been established.