

Case Number:	CM14-0116768		
Date Assigned:	08/04/2014	Date of Injury:	09/18/2012
Decision Date:	10/14/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/25/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

This is a 57-year-old male patient who sustained an industrial injury on 09/18/12. Mechanism of injury was not provided. The patient is diagnosed with cervicgia. Patient has a surgical history of rotator cuff repair as well as decompression on 03/13/13 and reverse total shoulder arthroplasty on 04/30/14. Electromyography (EMG) performed on 01/02/14 was reported to be normal. Medications include Norco 10/325 mg 1 tablet every 4-6 hours as needed, Norco 5/325 mg 1 tablet every 8 hours as needed, acetaminophen with codeine No. 4, omeprazole 20 mg, lisinopril 40 mg, atorvastatin 20 mg, and amlodipine besylate 5 mg. A request for electromyography (EMG) of the right upper extremity was non-certified on 07/23/14 with the reviewing physician noting other therapies were not documented in the records and physical examination revealed a minimal amount of adhesions in the subacromial space, but otherwise unremarkable. The 07/16/14 progress note failed to provide subjective or objective findings on physical examination. It was also noted patient had not undergone nerve conduction velocity study and the treating provider indicating during a peer to peer discussion that the EMG was requested to rule out axillary neuropathy. Multiple chiropractic treatment notes were included for review. The most recent progress note included for review at this time is a chiropractic note from 04/07/14. There were no subjective complaints or objective findings documented. The patient was diagnosed with right shoulder pain, cervical pain, and thoracic pain. Treatment plan was for bilateral shoulder CT scan, left shoulder MRI, and right shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, TABLE 8-8.

Decision rationale: ACOEM guidelines state "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." In this case, there is multiple chiropractic notes included for review which do not contain physical examinations or subjective complaints. Detailed treatment history was not provided for review. The most recent note is from 04/07/14. There are no current findings documented. It is further noted the patient has previously undergone electromyography on 01/02/14, which was reported to be normal. There is no indication of neurological dysfunction on physical examination and there is no imaging studies included for review suggesting pathology that would involve nerve root impingement. Given the lack of objective findings indicating deficits with motor strength or sensation, as well as the lack of prior treatment history, the requested electromyogram of the right upper extremity is not medically necessary.