

Case Number:	CM14-0127183		
Date Assigned:	08/15/2014	Date of Injury:	08/08/2013
Decision Date:	10/30/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/11/2014

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 Family 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 injured worker's date of injury is 09/08/2013. The patient receives treatment for L shoulder pain and neck pain. There are no medical records about the original injury. There is no documentation about conservative therapy. An MRI of the cervical spine on 10/17/2013 shows disc degeneration C6-C6 and no foraminal encroachment or canal stenosis. MRI of the left shoulder on 10/17/2013 shows a small tear of the distal supraspinatus tendon. In January 2014 the patient had arthroscopic surgery of the left shoulder. The orthopedic treating physician documents that on physical exam "sensation is intact in all dermatomes," reflexes are 2+ throughout, and there is no documentation of any motor weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: This patient does not have any documented low back or lower extremity symptoms. There are no physical findings related to the lower extremities. Based on the documentation and the Guidelines NCV is not medically necessary.

EMG Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, EMG section

Decision rationale: An EMG may be useful to document focal neurologic dysfunction in patients with low back symptoms lasting more than four weeks. The documentation does not contain any lumbar spine or lower extremity disorder. Therefore, an EMG of the lower extremities is not medically necessary.