

Case Number:	CM14-0129521		
Date Assigned:	08/18/2014	Date of Injury:	07/20/2005
Decision Date:	10/09/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/14/2014

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 Occupational Medicine and is licensed to practice in Pennsylvania, Ohio, Michigan, and 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 49year-old female who sustained a July 20, 2005 work-injury. The mechanism of injury is chronic stress with severe bruxism requiring dental treatment per the referral form. The diagnoses are listed as: Carpal tunnel syndrome (354.0), joint pain shoulder (719.41), cervicgia (723.1), lumbago (724.2), rotator cuff disorder (726.19), tenosynovitis of hand and wrist hand/wrist OT (727.05), sprain shoulder/arm (840.9). The most recent progress note dated 5/29/14 reveal complaints of bilateral shoulder pain and bilateral wrist pain with minimal shoulder treatment thus far. No documentation was available specifying prior treatment detailed. Diagnostic imaging studies of MRI dated 12/3/12 of shoulder revealed moderate rotator cuff tendinosis with down sloping acromion, mild to moderate acromioclavicular joint degenerative changes without full thickness tear or retraction and without acute osseous or labral signal abnormality. A 7/29/14 utilization review determination resulted in non-authorization of electromyogram (EMG), nerve conduction velocity (NCV) studies, and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Section

Decision rationale: The requested bilateral upper extremity electrodiagnostic study is not approved because there is no documented associated upper extremity focal motor/sensory neurologic impairment to justify this request as medically necessary.

Nerve Conduction Velocity Studies of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Section

Decision rationale: The requested bilateral upper extremity nerve conduction velocity studies is not approved because there is no documented associated upper extremity focal motor/sensory neurologic impairment to justify this request as medically necessary.

Follow visit: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Section "Pain Outcomes and End Points" Page(s): 7.

Decision rationale: The requested follow-up visit is not approved because this injured worker remains stable with regard to her musculoskeletal status and no new musculoskeletal problem is noted.