

Case Number:	CM14-0131125		
Date Assigned:	08/20/2014	Date of Injury:	05/04/2013
Decision Date:	10/30/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/15/2014

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and wrist pain reportedly associated with an industrial injury of May 4, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; a TENS unit; and work restrictions. In a Utilization Review Report dated August 7, 2014, the claims administrator retrospectively denied a request for Electrodiagnostic testing of the shoulder, citing unfavorable guideline recommendations. The claims administrator did state, somewhat incongruously, that there was no evidence that conservative treatment had failed, although the applicant was over a year removed from the date of injury as of the date in question. The EMG of the upper extremity was apparently sought via a request for authorization form dated June 20, 2014. In a progress note of the same date, June 20, 2014, somewhat blurred as a result of repetitive photocopying and faxing, the applicant reported persistent complaints of shoulder pain. The applicant received therapeutic ultrasound treatments. The applicant reported some numbness about the arms when lying on the shoulders at night, it was noted. Some of the stated diagnoses included shoulder injury versus myofascial pain syndrome versus rotator cuff tendinosis. Naproxen, Flexeril, a TENS unit, MRI imaging of the shoulder and Electrodiagnostic testing of the upper extremities were sought. On July 17, 2014, the applicant reported persistent complaints of right shoulder and mid back pain, 7/10. Myofascial pain syndrome, shoulder injury, joint pain, and right shoulder tendonitis were given as the operating diagnoses. It was stated that the applicant was working full time with limitations in place. It was stated that the applicant was pending Electrodiagnostic testing of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for EMG right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Pair Electrodiagnostic testing (EMG/NCS) (updated 7/10/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6, page 213..

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 213, EMG or NCV studies as part of a shoulder evaluation for usual diagnoses is "not recommended." In this case, the attending provider's documentation is sparse and does not clearly outline a compelling basis to the request which would offset the unfavorable ACOEM position on the same. While the applicant did report low-grade numbness on an office visit of June 20, 2014, this was not characterized or expounded upon further. In a later note dated July 17, 2014, there was no mention of any issues associated with the upper extremity paresthesias, dysesthesias, numbness, tingling, etc., which would into question some neurologic issue which would warrant the electrodiagnostic testing in question. The stated diagnoses of shoulder injury, myofascial pain syndrome, rotator cuff tendonitis, and/or shoulder joint pain are not diagnoses which are amenable to diagnoses via EMG. Therefore, the request was not medically necessary.