MAXIMUS Federal Services

Case Number:	CM14-0143180		
Date Assigned:	09/10/2014	Date of Injury:	03/20/2014
Decision Date:	10/14/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/04/2014

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 and is licensed to practice in Illinois. 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 50-year-old male with a reported date of injury on 03/20/2014. The mechanism of injury was a fall. The diagnoses included left shoulder moderate tendinosis and AC degenerative joint disease. There were no past treatments documented in the records. The MRI scan of the left shoulder on 05/07/2014 revealed moderate tendinosis of the rotator cuff and AC degenerative joint disease. There was no surgical history noted in the records. The subjective complaints on 06/08/2014 included left shoulder pain rated 5/10. The physical exam findings noted impingement sign was positive on the left, supraspinatus sign was positive on the left, and acromioclavicular joint compression test was positive on the left. The patient was noted to have normal motor strength and sensation bilaterally. It was noted that the injured worker is currently not taking any medication. The treatment plan is to request an EMG/NCV for the upper extremities for possible left cervical radiculopathy. A request was received for EMG bilateral upper extremities and NCS bilateral upper extremities. The Request for Authorization form was dated 07/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179..

Decision rationale: The request for EMG (Electromyography) Bilateral Upper Extremities is not medically necessary. The California MTUS/ACOEM Guidelines state electromyography, and nerve conduction velocities, 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 despite conservative care. The injured worker presents with left shoulder pain. There was no evidence in the documentation how long the injured worker had the complaints and if conservative care was tried and failed. Additionally there were no significant neurological deficits documented on the physical examination such as decreased sensation in a dermatomal distribution, weakness in a myotomal distribution, or diminished deep tendon reflexes. In the absence of conservative care and significant neurological deficits, the request is not supported. As such, the request is not medically necessary.

NCS (Nerve Conducting Velocity) Bilateral upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Nerve conduction studies (NCS).

Decision rationale: The request for NCS (Nerve Conducting Velocity) Bilateral upper Extremities is not medically necessary. The California MTUS/ACOEM Guidelines state electromyography, and nerve conduction velocities, 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 despite conservative care. More specifically, the Official Disability Guidelines state NCV studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. As nerve conduction studies are not supported by the guidelines for suspected radiculopathy, the request is not supported. As such, the request is not medically necessary.