

Case Number:	CM14-0143579		
Date Assigned:	09/12/2014	Date of Injury:	03/22/2010
Decision Date:	10/16/2014	UR Denial Date:	08/12/2014
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 Emergency 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:

Patient with reported date of injury on 3/22/2010. Patient has had several other injuries in the past, mechanism of this DOI is described as motor vehicle collision that did not require medical attention on the day of the incident. Patient has a diagnosis of chronic limbo-sacral sprain, R upper arm proximal bicep rupture, bilateral shoulder sprain. Patient is post R shoulder arthroscopic surgery in 4/11. Medical reports reviewed. Last report available until 7/17/14. Patient complains of L arm pain, R hip/buttock pain, anxiety, depression and difficulty sleeping. Note from requesting provider mentions that EMG/NCV was "to rule out any neurological deficits, as recommended by the AME report of [REDACTED]". The only note from the mentioned orthopedist was from 4/23/14. There is no proper neurological exam documented by the requesting provider. Orthopedist/AME report from 4/23/14 states that patient complains of neck pain. Pain is 3/10 and radiates to shoulders. Patient also notes pain to L upper arm and forearm to wrist. Bilateral shoulders are uncomfortable worsened with raising arms. Patient also had complains of low back pains radiating down buttocks especially R side. Objective exam reveals mildly limited range of motion (ROM) of cervical spine, mild tenderness to poster cervical muscles and upper shoulders. No spasms. Axial compression causes mild pain. Shoulder exam reveals R shoulder tenderness with good ROM. Minimally positive R shoulder impingement test. Sensation and motor exam is normal. Lateral aspect of R forearm with mildly decreased sensation. Noted potential R proximal bicep rupture. Minimal low back pain with normal strength and negative straight leg raise. Patient is also receiving physical therapy with reports reviewed. Note from 6/2/14 reports patient was making progress with improved pain and strength. There is no other imaging or electrodiagnostic provided for review. No medication list was provided for review. X-rays of cervical spine, lumbar spine and shoulders (4/23/14) was benign. Urine Drug Screen (4/14/14) was appropriate. Patient has reportedly received multiple

sessions of chiropractic and acupuncture. Also received 2 prior neck injections. Independent Medical Review is for EMG(electromyogram) of bilateral upper extremities and NCV(Nerve Conduction Velocities) of bilateral upper extremities. Prior UR on 8/12/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyogram) bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam is consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. Pt has not had any documented changes in neurological exam or complaints. There is no rationale about why testing is requested for a chronic condition. Patient has no neurological dysfunction and has normal exam as per orthopedist except for some decreased sensory changes in forearm. Therefore the request for EMG (electromyogram) bilateral upper extremities is not medically necessary.

NCV (nerve conduction velocity) bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat "routine" evaluation of patients for nerve entrapment. It is recommended in cases where there is signs of median or ulnar nerve entrapment. Pt has not had any documented changes in neurological exam or complaints. There is no rationale about why testing is requested for a chronic condition. Patient has no neurological dysfunction and has normal exam as per orthopedist except for some decreased sensory changes in forearm. Therefore the request for NCV of bilateral upper extremity is not medically necessary.