

Case Number:	CM14-0180969		
Date Assigned:	11/05/2014	Date of Injury:	03/01/2008
Decision Date:	12/09/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/31/2014

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, has a subspecialty in Interventional Spine 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 patient is a 30 years old female with an injury date on 03/01/2008. Based on the 09/16/2014 progress report provided by [REDACTED], the diagnoses are: 1. Status post right shoulder surgery with flare-up of the symptoms. 2. Upper extremity complaints including the elbows and hands, suspect nerve compression. According to this report, the patient "underwent shoulder surgery and the shoulder symptoms are coming back. She is having increased numbness, pain, tingling and weakness." Physical exam of the right shoulder reveals decreased range of motion. Grip strength on the right is 60 and left is 62 (average of 3). Phalen's test is positive. There were no other significant findings noted on this report. The utilization review denied the request on 10/13/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/12/2014 to 09/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography)/NCV (nerve conduction velocity) of the right upper extremity:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: According to the 09/25/2014 report by [REDACTED] this patient presents with pain the right shoulder with increased numbness, pain, tingling and weakness. The physician is requesting EMG (electromyography) / NCV (nerve conduction velocity) of the right extremity. Regarding electrodiagnostic studies, the ACOEM supports it for upper extremities to differentiate CTS vs. radiculopathy and other conditions. Review of reports indicates that the patient has not had an EMG/NCV. Given the patient's shoulder symptoms including weakness, elbow/hand symptoms suggestive of peripheral neuropathy, an EMG/NVC study would appear reasonable. The reports do not show that the patient has had this study in the past. The request is medically necessary.