

Case Number:	CM14-0094231		
Date Assigned:	07/25/2014	Date of Injury:	08/23/2013
Decision Date:	10/01/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	06/20/2014

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 Nevada. 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 38-year-old gentleman who was reportedly injured on August 23, 2013. The mechanism of injury not listed in these records reviewed. The most recent progress note, dated may ninth 2014, indicates that there are ongoing complaints of left shoulder pain The physical examination demonstrated tenderness along the left shoulder and increased pain with left sided cervical rotation. Diagnostic imaging studies were not available. Previous treatment includes the use of a transcutaneous electrical nerve stimulation unit, chiropractic care, acupuncture, and oral medications. A request was made for an electromyogram and nerve conduction velocity studies of the bilateral upper extremities and was not certified in the pre-authorization process on May 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212,33,261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The ACOEM Practice Guidelines support electromyography (EMG) helps identify subtle focal neurologic dysfunction in patients where a computed tomography or magnetic resonance imaging is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. The injured employee does not have any abnormal neurological findings on physical examination nor is there an MRI the cervical spine to assess nerve root involvement. As such, this request is not medically necessary.

NCV of the upper extremities: 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) Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The ACOEM Practice Guidelines support nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a computed tomography or magnetic resonance imaging is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. The injured employee does not have any abnormal neurological findings on physical examination nor is there an MRI the cervical spine to assess nerve root involvement. As such, this request is not medically necessary.