

Case Number:	CM14-0097869		
Date Assigned:	07/28/2014	Date of Injury:	07/09/2012
Decision Date:	08/28/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/26/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

4/15/14 PR-2 notes pain in the right shoulder and elbow. There was shoulder manipulation under anesthesia on 11/1/13. Examination noted reduced range of motion with normal strength and sensation. There was positive apprehension and impingement. Diagnosis was adhesive capsulitis and calcific tendinitis of shoulder. 4/9/14 evaluation noted pain in the right shoulder with little reported improvement with physical therapy and injections. Examination notes strength of 4/5 in the upper extremity with normal sensation. 6/20/14 note indicated pain in the right shoulder with reduced range of motion. The strength and muscle mass was normal with intact sensation in the bilateral hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the right upper extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back, EMG.

Decision rationale: The medical records provided for review indicate normal strength and sensation on examination without reported symptoms of weakness or sensory change. The medical records do not indicate any condition for which EMG/NCV may provide information in regard to etiology, prognosis or treatment. In the absence of this, EMG/NCV is not supported under ODG guidelines. Therefore, this treatment is not medically necessary.