

Case Number:	CM15-0002749		
Date Assigned:	01/13/2015	Date of Injury:	09/04/2013
Decision Date:	03/16/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old female who reported an injury on 09/04/2013. The mechanism of injury involved overhead reaching. The current diagnoses include adhesive capsulitis, causalgia of the upper limb, and impingement of the shoulder. The latest physician progress report submitted for this review is documented on 11/26/2014. The injured worker had been previously treated with physical therapy, a corticosteroid injection into the shoulder, and a stellate regional block. The injured worker underwent electrodiagnostic studies in 12/2013, which revealed normal findings. The current medication regimen included Lyrica 50 mg and tizanidine 2 mg. The injured worker presented with complaints of intermittent shoulder soreness and left arm hypersensitivity. Upon examination, there was 80 degree flexion, 30 degree extension, 50 degree abduction, and tenderness at the left AC joint and biceps tendon. The injured worker was advised to continue with the home exercise program. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Testing of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 37.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. The injured worker underwent electrodiagnostic studies of the upper extremities in 12/2013. There is no documentation of a worsening or progression of symptoms or physical examination findings. The medical necessity for repeat testing has not been established in this case. As such, the request is not medically appropriate.

Aquatic Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. The injured worker underwent electrodiagnostic studies of the upper extremities in 12/2013. There is no documentation of a worsening or progression of symptoms or physical examination findings. The medical necessity for repeat testing has not been established in this case. As such, the request is not medically appropriate.