

Case Number:	CM15-0006978		
Date Assigned:	01/26/2015	Date of Injury:	07/30/2014
Decision Date:	06/18/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/13/2015

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: Colorado

Certification(s)/Specialty: Family Practice

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 58 year old male, who sustained an industrial injury on 7/30/14. He reported a left shoulder injury. The injured worker was diagnosed as having recurrent left shoulder dislocation, complete rupture of rotator cuff, adhesive capsulitis of shoulder. Treatment to date has included physical therapy, oral medications including opioids and activity restrictions. X-ray of left shoulder performed on 7/30/14 revealed anterior sub coracoid displacement of humeral head and follow up x-ray post reduction revealed successful reduction of left shoulder dislocation. Left shoulder (MRI) magnetic resonance imaging performed on 10/23/14 revealed full thickness tear of supraspinatus tendon with minimal retraction and no muscular atrophy, distal infraspinatus partial thickness tear and tear of anterior inferior labrum with Hill-Sachs lesion. Currently, the injured worker complains of continued left shoulder severe pain with stiffness and weakness, associated with any motion of left upper extremity and awakens him during night. Physical exam noted diminished range of motion of left shoulder due to pain, positive impingement and slight decrease in axillary nerve sensation of left compared to right. The treatment plan included (EMG) Electromyogram studies to assess brachial plexus and axillary nerves and suprascapular nerve function.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV to assess brachial plexus/axillary nerves/suprascapular nerve function:

Overtured

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, (2004), Rev 2007 Chapter 10 Chronic Pain pages 807-808, and 847-848.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not address the use of EMG/NCV as diagnostics, so the ACOEM Guidelines were consulted. As EMG and NCV are recommended in combination, the rationale for EMG is the same as that for NCV. Electrodiagnostic studies, comprised of EMG and NCV, are recommended when CT or MRI is non-diagnostic and /or patient continues to have symptoms, suggestive of neurological compromise, that do not respond to treatment. If suspected radicular pain fails to resolve or reaches a plateau after 4-6 weeks, which would allow time to develop new abnormalities on testing, then NCV, with needle EMG component if radiculopathy suspected, would be indicated. NCV would also be indicated if another condition, in addition to or instead of radiculopathy is suspected based on history and/or physical. Some clinicians would wait to test patients with NCV/EMG until after patient failed a steroid injection as a diagnostic and therapeutic trial. For the patient of concern, the records available for review are 6 months old, or older. (The original UR was requested in November/December 2014.) Only 1 clinical note, from Orthopedics November 2014, includes physical exam and discussion of plan for EMG/NCV. Per the records, patient has identified abnormalities on MRI and decreased sensation in axillary nerve distribution of left arm on exam. The Orthopedic surgeon notes indicate patient will need surgical intervention, and EMG/NCV is requested to determine nerve compromise prior to procedure. While more recent notes would be useful to verify continued symptoms and physical examination changes, the orthopedic note available for review does establish radicular findings on examination, so EMG/NCV is needed to further define patient requirements. Therefore, this request is medically necessary.