

Case Number:	CM15-0111647		
Date Assigned:	06/22/2015	Date of Injury:	11/02/2013
Decision Date:	07/28/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/09/2015

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, North Carolina
 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 57 year old female, who sustained an industrial injury on 11/02/2013. She reported injuring her left shoulder, arm, hand, and wrist after falling off of a ladder while at work. The injured worker is currently able to return to work with modifications. The injured worker is currently diagnosed as having moderate to advanced left shoulder osteoarthritis, pain in hand joint, and left wrist pain. Treatment and diagnostics to date has included physical therapy without relief, left upper extremity MRI showed avascular necrosis of the glenoid with joint space narrowing of the glenohumeral joint, and medications. In a progress note dated 05/06/2015, the injured worker presented with complaints of left shoulder pain rated 4/10 on the pain scale. Objective findings include swelling to the left upper arm with tenderness to palpation and painful range of motion. The treating physician reported requesting authorization for electromyography/nerve conduction velocity studies for the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) and nerve conduction velocity (NCV) of the left upper extremity:
 Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: MTUS/ACOEM guidelines state that EMG and NCV may help identify a subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3-4 weeks. EMG or NCV testing is not recommended as part of a shoulder evaluation for usual diagnosis. In this case, the claimant has an established diagnosis of severe shoulder arthritis and aseptic necrosis of the joint accounting for her symptoms and physical exam findings. There are no symptoms/signs suggesting neurologic dysfunction in her left upper extremity. Therefore, the request of an EMG/NCV of the left shoulder is not medically necessary or appropriate.