

Case Number:	CM15-0120162		
Date Assigned:	06/30/2015	Date of Injury:	09/16/2014
Decision Date:	08/04/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/22/2015

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, Pain Management

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 50 year old female, who sustained an industrial injury on September 16, 2014, incurring neck and shoulder injuries. She was diagnosed with a cervical strain, cervical spondylosis, impingement syndrome of the bilateral shoulders and a rotator cuff tear. A right shoulder Magnetic Resonance Imaging revealed severe degenerative acromioclavicular joint disease, tendinosis and a partial thickness tear. She underwent right shoulder surgery in December, 2014. Treatments included physical therapy, heating pad, anti-inflammatory drugs, pain medications, and work restrictions with modifications. Currently, the injured worker complained of hand pain radiating from the wrist to the fingers with numbness. There was tenderness and restricted range of motion noted in both shoulders. The treatment plan that was requested for authorization included Electromyography and Nerve Conduction Velocity studies of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyelography)/ NCV (Nerve Conduction Velocity) study of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

Decision rationale: Regarding the request for EMG/NCS of bilateral upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, there are no current physical examination findings identifying specific focal neurologic deficits for which the use of electrodiagnostic testing would be indicated and no indication of the response of any initial conservative treatment. In the absence of such documentation, the currently requested EMG/NCS of bilateral upper extremities is not medically necessary.