MAXIMUS Federal Services

Case Number:	CM15-0120350		
Date Assigned:	07/06/2015	Date of Injury:	06/29/2014
Decision Date:	08/04/2015	UR Denial Date:	05/29/2015
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: 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 44 year old female with an industrial injury dated 06/29/2014. The injured worker's diagnoses include let shoulder derangement and left shoulder impingement syndrome. Treatment consisted of diagnostic studies, prescribed medications, 3 physical therapy sessions and periodic follow up visits. In a progress note dated 05/14/2015, the injured worker reported continuous left shoulder pain with radiation to scapula down to arms and hands, intermittent chest pain and continuous bilateral wrist and hand pain with pain radiating to the fingers. Objective findings revealed significant tenderness to palpitation over the left trapezius muscle and decrease range of motion in the left shoulder. The treating physician prescribed services for Nerve conduction velocity (NCV) and Electromyography (EMG) for the left upper extremity to evaluate the chronicity of the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV left upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 169, 170, 171, and 186.

Decision rationale: The MTUS/ACOEM Guidelines comment on the evaluation of patients with occupational neck injuries. These comments include discussion of the indications for electrophysiologic studies; e.g. EMG and NCV. Table 8-2 describes the symptoms of cervical nerve root compromise. The available medical records do not provide any evidence in support of cervical nerve root compromise in this patient. Table 8-3 describes the physical examination correlates of cervical nerve root dysfunction. The available medical records do not provide any evidence in support of cervical nerve root compromise in this patient. The neck exam was remarkable for full strength and no evidence of a radiculopathy of the upper extremities. The patient had a negative response to foramen compression and the C-Spine X-rays were unremarkable. Algorithm 8-3 provides a structured approach for the evaluation of slow-to-recover patients. Without evidence of neurologic compromise, there is no evidence to support electrodiagnostic studies to include a NCV. For these reasons, NCV of the left upper extremity is not medically necessary.

EMG left upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 169, 170, 171, and 186.

Decision rationale: The MTUS/ACOEM Guidelines comment on the evaluation of patients with occupational neck injuries. These comments include discussion of the indications for electrophysiologic studies; e.g. EMG and NCV. Table 8-2 describes the symptoms of cervical nerve root compromise. The available medical records do not provide any evidence in support of cervical nerve root compromise in this patient. Table 8-3 describes the physical examination correlates of cervical nerve root dysfunction. The available medical records do not provide any evidence in support of cervical nerve root compromise in this patient. The neck exam was remarkable for full strength and no evidence of a radiculopathy of the upper extremities. The patient had a negative response to foramen compression and the C-Spine X-rays were unremarkable. Algorithm 8-3 provides a structured approach for the evaluation of slow-to-recover patients. Without evidence of neurologic compromise, there is no evidence to support electrodiagnostic studies to include an EMG. For these reasons, an EMG of the left upper extremity is not medically necessary.