

Case Number:	CM15-0124841		
Date Assigned:	07/09/2015	Date of Injury:	11/21/2014
Decision Date:	08/12/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/29/2015

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: Emergency Medicine

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, who sustained an industrial injury on November 21, 2014, incurred head, neck and upper extremity injuries after a slip and fall on a wet floor. She was diagnosed with a right wrist contusion, closed head injury, and facial laceration. Magnetic Resonance Imaging of the right wrist revealed a non-displaced radial fracture and tenosynovitis. She was treated with pain medications, facial sutures, physical therapy, neurological checks, wrist support, and work restrictions and modifications. Currently, the injured worker complained of persistent upper extremity weakness and pain with restricted range of motion. The treatment plan that was requested for authorization included Electromyography and Nerve Conduction Velocity studies of the bilateral upper extremities and Magnetic Resonance Imaging of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): Algorithm 9-3.

Decision rationale: The request is for an MRI of the right shoulder. Per the ACOEM guidelines of the MTUS, the algorithm for the treatment of slow to recover patients with occupational shoulder complaints, with symptoms lasting longer than 4-6 weeks that has not improved despite conservative management, and for which passive range of motion is greater than active range of motion, recommends MRI to clarify anatomy to rule out rotator cuff tear or impingement which may be amenable to surgery. The injured worker has had symptoms for greater than 4 weeks and has not improved despite conservative management. MRI is supported by the MTUS guidelines at this time, and therefore is medically necessary.

EMG/NCV bilateral upper extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): Algorithm 8-3; 178.

Decision rationale: The request is for EMG/NCV of bilateral upper extremities. Electromyography/nerve conduction velocity studies are utilized to evaluate for neuromuscular disease or trauma. According to the ACOEM section on neck and upper back complaints, electromyography (EMG), and nerve conduction velocities (NCV), 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. For symptoms lasting greater than 4 weeks without a clear level of nerve root dysfunction on exam, the ACOEM guidelines support the use of EMG studies for further evaluation. The injured worker has persistent symptoms despite conservative management. The MTUS guidelines would support the use of EMG/NCV studies for the injured worker, and therefore the request as written is medically necessary.