

Case Number:	CM15-0128692		
Date Assigned:	07/15/2015	Date of Injury:	10/19/2002
Decision Date:	08/10/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/02/2015

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: Arizona, 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:

This 44 year old female sustained an industrial injury on 10/19/02. She subsequently reported right shoulder pain. Diagnoses include subacromial bursitis. The injured worker continues to experience neck pain and right shoulder pain that radiates. The plan of care includes nerve conduction and MRI testing. Upon examination, there was crepitus noted with motion testing, Decreased range of motion and Codman's and Impingement testing was positive. A request for EMG/NCS of the right shoulder and MRI of the right shoulder was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: According to the guidelines, EMG.NCV of the shoulder is not recommended for evaluation and diagnosis purposes. In this case, there was a cervical spine strain and shoulder crepitus as well as impingement findings. There was no neurological abnormalities noted localized to the shoulder. There was no clinical indication for an EMG/NCV for the shoulder and it is not medically necessary.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. There was no plan for surgery. The MRI request of the shoulder is not medically necessary.