

Case Number:	CM15-0144193		
Date Assigned:	08/05/2015	Date of Injury:	08/05/2014
Decision Date:	10/05/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/27/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 63 year old female who sustained an industrial injury on 8-5-14. An initial shoulder exam report, dated 6-4-15, indicates that the injured worker's injury is the result of a fall. Her initial complaints are unavailable for review. However, the report indicates that she attempted to "break her fall" with her right elbow. She was examined by medical personnel. An x-ray was taken. She was referred to orthopedics, received physical therapy, which was indicated as "not helpful", received a cortisone injection, and was treated with medications. The PR-2 dated 6-15-15 indicates that the injured worker continues to complain of right shoulder pain, which "increases without medication". She also complains of limited range of motion and "clicking" of the right shoulder. Her diagnoses included right RCT-Impingement and secondary neurogenic pain in the right arm. The treatment plan was for a "trial injection", which was indicated as a "second" injection and use of ice without alternating heat. On 6-30-15, the PR-2 indicates that she had "positive slight relief with injection". She continued to complain of right shoulder pain, as well as right scapular pain, which radiated to the right elbow. She reported "occasional" numbness and tingling of the right arm, as well as burning in the right arm. The treatment plan was to request EMG-NCV of the right upper extremity "prior to surgery" of the right shoulder to "assess for radicular or secondary pain etiology".

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity of left upper extremity: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Canale ST and Beaty JH. Campbell's Operative Orthopaedics, 12th Edition. 20113.

Decision rationale: MTUS, ACOEM and ODG do not discuss pre-operative evaluation for orthopedic surgery. This patient had right shoulder and right elbow trauma and is scheduled for right shoulder surgery but right arm numbness, burning pain, tingling, neurogenic radicular pain is not from the shoulder impingement that is to be corrected; thus, a EMG/NCV study of the right upper extremity (not left) is medically necessary to ascertain if additional surgery besides the right shoulder is medically necessary since the shoulder injury does not explain the neurogenic pain with tingling/numbness of the extremity. Therefore, the request is medically necessary.