MAXIMUS Federal Services

Case Number:	CM15-0170084		
Date Assigned:	09/10/2015	Date of Injury:	07/29/2013
Decision Date:	10/15/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/28/2015

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, Occupational 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 31 year old, male who sustained a work related injury on 7-29-13. The diagnoses have included right shoulder bursitis and impingement, right shoulder labral tear and right shoulder acromioclavicular osteoarthropathy. He is currently being treated for right shoulder pain. Treatments in the past include activity modification physical therapy (12 sessions postoperatively), right shoulder surgery (12-29-14), heat therapy, oral medications and home exercises. Current treatments are oral medications and home exercises. Medications he is currently taking are hydrocodone, Tramadol and Cyclobenzaprine. In the last progress noted dated 2-3-15 to 6-30-15, the injured worker reports right shoulder pain. He rates his pain level a 6-7 out of 10. He complains of recent "meniscus" sensation distal right upper extremity at digits 2-4 through medial elbow. He states medication help him with activities of daily living. Upon current physical exam; right shoulder flexion at 140 degrees and abduction to 130 degrees. He has tenderness at the acromioclavicular joint. He has 4 out of 5 strength in right shoulder in all planes. He has positive subacromial bursitis and impingement. He has a positive O'Brien test. He has meniscus sensation right ulnar distribution. Jamar right 0, 10, 0. Jamar left 15, 15, and 20. Diffuse decreased motor right upper extremity, at least 4 out 5. He is not working. The treatment plan includes requests for additional physical therapy and for updated EMG-NCV studies for arms. The Utilization Review, dated 7-28-15, the previous EMG-NCV study was done on 2-12-14 and was normal. The physician discussed treatments for ulnar nerve. The EMG-NCV studies for the arms are non-certified and therefore are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Updated EMG/NCV BUE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

Decision rationale: MTUS 2009 recommends electrodiagnostic studies to evaluate for focal neurologic compromise. This is a request for repeat studies. Review of the initial studies performed recently does not reveal any likely procedural errors, which would warrant repeat studies. Testing has already been done. Therefore, there is no need to repeat studies to evaluate the nerves that have already been tested. This request for repeat EMG/NCS is not medically necessary.