

Case Number:	CM15-0170648		
Date Assigned:	09/11/2015	Date of Injury:	11/15/2014
Decision Date:	10/09/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/31/2015

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: North Carolina

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 (IW) is a 57 year old male who sustained an industrial injury on 11-15-2014. He reported right shoulder pain and right elbow pain. The injured worker was diagnosed as radial tunnel syndrome and shoulder tendinitis. Treatment to date has included physiotherapy (11 sessions 02-10-2015 through 03-30-2015), medications, a cortisone injection, Notes from the 03-30-2015 physical therapy documented no progress in pain level or strength. A MRI scan was done (03-03-2015) and surgery was recommended following results of a SLAP II (superior (upper) labrum labral anterior-posterior)tear. The worker elected to not have surgery. On 07-22-2015, the injured worker has full range of motion of the shoulder with mildly positive impingement signs and tenderness anteriorly. Pain with resisted abduction was mild. Right hand and wrist had full range of motion and normal sensation. There was pain with rotation and tenderness over the radial tunnel of the right elbow and forearm. The worker was assessed with radial tunnel syndrome and a neurology physician referral was recommended. A request for Electromyogram of the right upper extremity was made. A request for authorization was submitted for an Outpatient EMG of the right upper extremity. A utilization review decision (08-05-2015) denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient EMG of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004,
Section(s): Special Studies.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. 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. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disk annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. The provided documentation does not show any signs of emergence of red flags. There is evidence of neurologic dysfunction on exam. There is no mention of planned invasive procedures. There are no subtle neurologic findings listed on the physical exam. Conservative treatment has not been exhausted. For these reasons criteria for special diagnostic testing has not been met per the ACOEM. Therefore the request is not medically necessary.