

Case Number:	CM15-0173547		
Date Assigned:	09/15/2015	Date of Injury:	11/23/2014
Decision Date:	10/15/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/03/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, 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 62-year-old female, who sustained an industrial injury on 11/23/2014. She has reported injury to the left shoulder. The diagnoses have included left shoulder pain; impingement syndrome; partial thickness rotator cuff tear; numbness upper extremity; acromioclavicular joint arthritis; and cubital tunnel syndrome. Treatment to date has included medications, diagnostics, ice, rest, elbow splinting, injection, physical therapy, and home exercise program. Medications have included Aleve. A progress report from the treating physician, dated 07/27/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of left shoulder pain; the pain is described as dull, aching, and constant; the pain occurs with repetitive activity, overhead lifting, and pushing and pulling; the pain improves with rest, ice, and anti-inflammatories; the pain radiates to the left upper arm; she has used the elbow splint for the past one month; she has ulnar digital numbness to the left hand and it is not improved; she has had an injection to the shoulder with temporary relief of her shoulder pain; and she has gone to physical therapy and taken non-steroidal anti-inflammatories and has not improved. Objective findings have included moderate tenderness over acromioclavicular joint and subacromial areas; tenderness at the subacromial bursa; positive Neer's impingement test, Hawkin's impingement test, and supraspinatus test; left shoulder abduction and forward elevation strengths are 4 out of 5; supraspinatus test is 4+ out of 5; strength of external rotation is 3- out of 5; strength of internal rotation is 5 out of 5; left elbow with positive Tinel's sign; and positive elbow flex test. The treatment plan has included the request for EMG (Electromyography)-NCS (Nerve Conduction Study) of the bilateral upper

extremities. The original utilization review, dated 08-05-2015, modified a request for EMG (Electromyography)-NCS (Nerve Conduction Study) of the bilateral upper extremities, to approve EMG-NCS for the right side only.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography)/NCS (Nerve Conduction Study) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007.

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

Decision rationale: This claimant was injured in 2014 with diagnoses of left shoulder pain; impingement syndrome; partial thickness rotator cuff tear; numbness upper extremity; acromioclavicular joint arthritis; and cubital tunnel syndrome. As of July, there is ulnar digital numbness to the left hand and it is not improved. The left elbow has a positive Tinel's sign; and positive elbow flex test. The original utilization review, dated 08-05-2015, modified a request for EMG (Electromyography)-NCS (Nerve Conduction Study) of the bilateral upper extremities, to approve EMG-NCS for the right side only. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. It might be warranted on the left, but it is unclear that there are any right sided findings that might warrant bilateral EMG NCS. The risk of false positive findings on the right, then, would be inordinately high. The request for the bilateral studies there was appropriately not medically necessary.