

Case Number:	CM15-0177660		
Date Assigned:	10/06/2015	Date of Injury:	05/16/2013
Decision Date:	11/13/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/09/2015

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: 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 49-year-old male, with a reported date of injury of 02-21-2014. The diagnoses include status post right shoulder surgery, chronic right shoulder pain, cervical pain with upper shoulder symptoms, and neural encroachment at L4 with radiculopathy and refractory. Treatments and evaluation to date have included physical therapy evaluation, right shoulder surgery on 11-22-2014, Hydrocodone, and Tramadol. The diagnostic studies to date have included an MRI of the right shoulder at 08-15-2015 which showed post acromioplasty with minimal lateral down sloping, a small subacromial bursal fluid collection, and intact rotator cuff with only minor distal supraspinatus tendinosis in the outer bursal side fibers. The follow-up consultation report dated 08-17-2015 indicates that the injured worker complained of right shoulder pain, rated 8 out of 10; cervical spine pain with right upper extremity symptoms, rated 5 out of 10; and low back pain with lower extremity symptoms, rated 6 out of 10. The objective findings include tenderness of the right shoulder, right shoulder flexion at 60 degrees, right shoulder abduction at 80 degrees, right shoulder external rotation at 50 degrees, right shoulder internal rotation at 40 degrees, positive impingement sign, atrophy of the right deltoid muscle, tenderness of the cervical spine, and limited cervical range of motion. The treatment plan included an updated EMG and NCV (electromyography and nerve conduction velocity) of the bilateral upper extremities. The injured worker was temporarily totally disabled for four weeks. The request for authorization was dated 08-17-2015. The treating physician requested an EMG and NCV of the bilateral upper extremities. On 09-02-2015, Utilization Review (UR) non-certified the request for an EMG and NCV of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

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

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the injured worker had a bilateral EMG/NCV of the upper extremities one year ago, however, results are not available for review. The treating provider states that the injured workers function has decreased since the prior EMG/NCV. There is no objective documentation of worsening neurological dysfunction. Without the prior EMG results for comparison, the request for EMG/NCV of the bilateral upper extremities is not medically necessary.