

Case Number:	CM15-0026330		
Date Assigned:	02/19/2015	Date of Injury:	06/08/2013
Decision Date:	04/02/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/11/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 44 year old male, who sustained an industrial injury on 6/08/2013. The diagnoses have included neck pain with headaches and radicular symptoms, thoracic pain with left sided radicular symptoms, numbness and tingling, left arm, left shoulder bursitis and chronic pain syndrome. Treatment to date has included medications, physical therapy, transcutaneous electrical neuro- stimulator (TENS) unit and exercise. Currently, the IW complains of neck, upper back, left arm and left shoulder pain. He reported aching pain in the neck up to the head which caused headaches. There was radiation to the right with numbness and tingling. There is numbness and tingling radiating to the left hand and cramping when grabbing things. Pain was rated as 8-10/10 without medication and 3-6/10 with medication. Objective findings included tenderness in the upper trapezius with mildly decreased range of motion of the cervical spine. There was tenderness in the left scapula. Left shoulder exam revealed pain with impingement maneuvers. There was full range of motion but grimacing after 145 degrees of flexion. Magnetic resonance imaging (MRI) of the left shoulder dated 4/09/2014 documented no rotator cuff or labral tears but mild bursitis. On 2/02/2015, Utilization Review non-certified a request for EMG (electromyography)/NCV (nerve conduction studies) right upper extremity noting that the clinical findings do not support the medical necessity of the treatment. The MTUS, ACOEM Guidelines, and ODG were cited. On 2/11/2015, the injured worker submitted an application for IMR for review of EMG/NCV right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of Right Upper Extremity: Upheld

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

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

Decision rationale: Guidelines recommend EMG studies to identify subtle focal neurologic dysfunction in patients with symptoms lasting over 3 weeks of conservative treatment. EMG studies are not necessary if radiculopathy is already present. In this case, the patient complained of neck, upper back and left shoulder pain. Physical exam did not include evidence of neurologic dysfunction of the right upper extremity. The request for EMG of the right upper extremity is not medically necessary.

NCV of Right Upper Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 179.

Decision rationale: Guidelines recommend nerve conduction studies to help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3-4 weeks. Nerve conduction velocities are not necessary if radiculopathy is already present. In this case, the patient complained of neck, upper back and left shoulder pain. Physical exam did not include evidence of neurologic dysfunction of the right upper extremity. The request for NCV of the right upper extremity is not medically necessary.