

Case Number:	CM15-0068660		
Date Assigned:	04/16/2015	Date of Injury:	08/20/2013
Decision Date:	06/30/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/10/2015

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 48-year-old male patient who sustained an industrial injury on 08/20/2013. The injured worker noted with initial complaint of right shoulder acute onset of pain. He did undergo radiography study and magnetic resonance imaging, oral NSAIDS, application of ice, and off from work duty. A follow up visit dated 02/19/2015 reported the patient's pain progressing to incorporate the left shoulder then with pain and ultimately he had left knee pains. The patient was then placed on temporary disability. The right knee was operated on 10/08/2014, and participated in postoperative physical therapy session. On 11/21/2014 left shoulder arthroscopy was performed. The patient is currently not working; he last worked on 07/30/2014. His present subjective complaints are of bilateral shoulder pain. The pain is described as sharp, aching pains that radiate to bilateral arms. He is currently taking Tramadol, Norco and Oxycontin. The following diagnoses are applied: bilateral shoulder tendinitis, status post left shoulder arthroscopy; bilateral wrist tendinitis, and bilateral knee tendinitis, status post bilateral knee arthroscopy. The plan of care involved: recommending additional physical therapy, arthrogram of right knee, nerve conduction study, and a left knee support.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG LLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

Decision rationale: According to the Official Disability Guidelines, EMG's are recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. There is no documentation of spinal or radicular component to the patient's pain. He has knee and shoulder problems. EMG LLE is not medically necessary.

NCV RLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: According to the Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. NCV RLE is not medically necessary.

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