MAXIMUS Federal Services

Case Number:	CM15-0069026		
Date Assigned:	04/16/2015	Date of Injury:	05/20/2013
Decision Date:	06/29/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/13/2015

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 54 year old female, who sustained an industrial/work injury on 5/20/13. She reported initial complaints of pain to left side of head, neck, left shoulder, and thoracolumbar spine. The injured worker was diagnosed as having left rotator cuff tear/tendonitis. Treatment to date has included medication, surgery (left shoulder rotator cuff repair on 6/4/14), physical therapy, sling, and injection. Currently, the injured worker complains of pain in the shoulder along with stiffness and weakness. Per the primary physician's orthopedic evaluation on 2/20/15, the injured worker complained of severe cervical spine pain along with radiation to the shoulder blades. There were also headaches, dizziness, memory loss, sleep disruptions and difficulty with prolonged upright support. The left shoulder had constant slight to intermittent moderate and occasionally severe left shoulder pain that radiates to the upper arm and armpit. Examination noted guarded posture, limitations in range of motion, left hand grip strength, spasm in the bilateral trapezius musculature (L>R). The left shoulder had tenderness at the cuff, crepitus was noted. The requested treatments included an EMG of the left upper extremity, NCV of the left upper extremity, EMG of the right upper extremity, and NCV of the 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 the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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. Per available documentation, the injured worker already has an equivocal findings of nerve compromise, therefore, the request for EMG of the left upper extremity is not warranted. The request for EMG of the left upper extremity is not medically necessary.

NCV of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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. Per available documentation, the injured worker already has an equivocal findings of nerve compromise, therefore, the request for NCV of the left upper extremity is not warranted. The request for NCV of the left upper extremity is not medically necessary.

EMG of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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. Per available documentation, the injured worker already has an equivocal findings of nerve compromise, therefore, the request for EMG of the right upper extremity is not warranted. The request for EMG of the right upper extremity is not medically necessary.

NCV of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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. Per available documentation, the injured worker already has an equivocal findings of nerve compromise, therefore, the request for NCV of the right upper extremity is not warranted. The request for NCV of the left right upper extremity is not medically necessary.