

Case Number:	CM15-0077663		
Date Assigned:	04/29/2015	Date of Injury:	07/27/2014
Decision Date:	07/02/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/23/2015

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, Tennessee
 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 42-year-old female who sustained an industrial injury on 07/27/2014. Diagnoses left and right shoulder pain, and numbness of the skin. Treatment to date has included diagnostic studies, medications, and physical therapy. A physician progress note dated 02/23/2015 documents the injured worker complains of right and left shoulder pain. She has left shoulder pain rated a 3-6 on a scale of 0-10, and it radiates down the left arm, and has numbness/tingling, and swelling and spasm. The right shoulder pain is rated a 5-9 on a scale of 0-10, radiates down the right arm, and is associated with symptoms of numbness /tingling and swelling and spasm. The right shoulder has limited forward flexion and abduction 80 degrees. There is a positive impingement/labral sign. Her left shoulder has full range of motion with pain and a positive impingement sign. The treatment plan is for an MR arthrogram of the right shoulder along with serum creatinine, a MRI of the left shoulder without contrast and bilateral upper extremity Electromyography and Nerve Velocity study. Treatment requested is for Electromyography of the left upper extremity and shoulder, Electromyography of the right upper extremity and shoulder, Nerve Conduction Studies of the left upper extremity and shoulder, and Nerve Conduction Studies of the right upper extremity and shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of the left upper extremity/shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, 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 patient is not experiencing symptoms of radicular pain and there are no focal motor or sensory deficits. In addition, documentation does not support that there had been a significant change in the patient's condition. Medical necessity has not been established. The request is not medically necessary.

Nerve Conduction Studies of the left upper extremity/shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, 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 patient is not experiencing symptoms of radicular pain and there are no focal motor or sensory deficits. In addition, documentation does not support that there had been a significant change in the patient's condition. Medical necessity has not been established. The request is not medically necessary.

Nerve Conduction Studies of the right upper extremity/shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, 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 patient is not experiencing symptoms of radicular pain and there are no focal motor or sensory deficits. In

addition, documentation does not support that there had been a significant change in the patient's condition. Medical necessity has not been established. The request is not medically necessary.

Electromyography of the right upper extremity/shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, 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 patient is not experiencing symptoms of radicular pain and there are no focal motor or sensory deficits. In addition, documentation does not support that there had been a significant change in the patient's condition. Medical necessity has not been established. The request is not medically necessary.