

Case Number:	CM17-0011543		
Date Assigned:	01/20/2017	Date of Injury:	10/26/2016
Decision Date:	02/16/2017	UR Denial Date:	01/16/2017
Priority:	Standard	Application Received:	01/17/2017

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: Texas, New York, 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 applicant is a 33-year-old male who has filed a claim for neck and arm pain reportedly associated with an industrial injury of October 26, 2016. In a utilization review report dated January 16, 2017, the claims administrator failed to approve a request for electrodiagnostic testing (EMG-NCS) of the right upper extremity. A January 6, 2017 date of service was referenced in the determination. The applicant subsequently appealed. The claims administrator's transmission of the file, it is incidentally noted, intermingled the pages of UR reports, clinical progress notes, fax cover sheets, and HCFA forms, making it difficult to discern precise dates of service. On November 3, 2016, the applicant was given diagnoses of neck and shoulder strain. Six sessions of physical therapy and occupational therapy were ordered. Motrin was prescribed. The applicant reportedly importuned his primary treating provider to place him off of work. Flexeril and tramadol were prescribed. The applicant was apparently working on a part-time basis, at a rate of 8 hours a day. On January 6, 2017, the applicant was given refills of Flexeril, Motrin, and tramadol. Work restrictions were imposed. A neurology consultation to evaluate possible brachial plexopathy was ordered, along with electrodiagnostic testing of the right upper extremity. A 15-pound lifting limitation was imposed at the bottom of the note. Cervical MRI imaging reportedly showed a 2-mm disc bulge, without cord impingement or neural foraminal narrowing. 8/10 pain complaints were noted. Six sessions of physical therapy had not proven particularly beneficial, the attending provider noted. The Subjective Complaints section of the note was very thinly and sparsely developed and made no mention of the applicant's having issues with upper extremity paresthesias. The applicant was given full range of motion with

flexion and abduction of 180-degree range about the shoulder. Paracervical tenderness was noted. The applicant exhibited intact strength and sensation about the hands and upper extremities, the attending provider noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS/EMG RUE: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Electromyography (EMG); Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Shoulder Disorders, pg. 64.

Decision rationale: No, the request for electrodiagnostic testing (EMG-NCS) of the right upper extremity was not medically necessary, medically appropriate, or indicated here. The attending provider stated on January 6, 2017 that the ultrasound testing in question was ordered to rule out a diagnosis of brachial plexopathy. However, the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213 notes that electrodiagnostic testing as part of a shoulder evaluation for usual diagnosis is deemed "not recommended." Here, it was not clearly stated or clearly established why the shoulder electrodiagnostic testing was ordered on the January 6, 2017 office visit at issue. While the attending provider stated that the electrodiagnostic testing was intended to rule out a brachial plexopathy, there was, however, no mention of the applicant's having active neuropathic symptoms which would have supported the presence of a brachial plexopathy. There was, for instance, no mention of the applicant's having issues with right upper extremity paresthesias in the Subjective Complaints section of the report. The applicant exhibited an intact grip strength and sensation, the attending provider noted in the Objective Findings section of the report. It did not appear, in short, that the applicant's presentation was particularly suggestive or evocative of a brachial plexopathy. While the Third Edition ACOEM Guidelines Shoulder Disorders Chapter acknowledges on page 64 that electrodiagnostic studies are "recommended" to assist in the diagnosis of brachial plexopathies, ACOEM notes that indications for the same include the presence of "subacute or chronic paresthesias with or without pain, particularly with unclear diagnosis." Here, again, the attending provider's January 6, 2017 office visit made no mention of the applicant's having issues with upper extremity paresthesias which would have supported the presence of an active brachial plexopathy or related process. Therefore, the request was not medically necessary.