

Case Number:	CM13-0042143		
Date Assigned:	12/27/2013	Date of Injury:	10/15/2012
Decision Date:	05/20/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/16/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 41 year old male with an industrial injury on 10/15/2012. The diagnoses include left shoulder pain, impingement, and supraspinatus sprain. The worker is status post subacromial decompression and postoperative course of physical therapy. There are reported sensory changes noted to the distal upper extremity. A normal range of motion without instability, with normal strength is identified. A positive cubital tunnel and carpal tunnel testing is also reported. The progress note indicated pain in the shoulder, that the MRI was normal and no structural damages appreciated. A popping sensation is noted with certain motions, and a normal shoulder range of motion is reported. The progress note dated December, 2013 allows for return to work with restrictions. The previous progress note indicated the medication Voltaren was being prescribed. A steroid injection into the right shoulder was completed. The progress note indicated the electrodiagnostic studies were exploring the possibility of a cubital tunnel syndrome. A positive Tinel's sign is noted about the bilateral cubital tunnels and carpal tunnel.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTION STUDIES (NCS) OF THE LEFT UPPER EXTREMITY:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

Decision rationale: In this worker, there is clear documentation of positive Tinel's sign at the cubital and carpal tunnel. This is present on examination in a progress note dated 12/11/2013. The patient also has documentation in a note on 10/11/2013 of some neck pain that does kind of radiate down and pass the shoulder. The patient has had activity modification and physical therapy focusing on the shoulder. Given this clinical picture of possible cubital tunnel syndrome vs cervical radiculopathy, nerve conduction studies of the left upper extremity are appropriate.

ELECTROMYOGRAPHY (EMG) OF THE LEFT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 271-273.

Decision rationale: In this worker, there is clear documentation of positive Tinel's sign at the cubital and carpal tunnel. This is present on examination in a progress note dated 12/11/2013. The patient also has documentation in a note on 10/11/2013 of some neck pain that does kind of radiate down and pass the shoulder. The patient has had activity modification and physical therapy focusing on the shoulder. Given this clinical picture of possible cubital tunnel syndrome versus cervical radiculopathy, electromyography of the left upper extremity is appropriate. This electromyography component of the electrodiagnostic study can assess severity of cubital tunnel syndrome as well as exclude cervical radiculopathy.