

Case Number:	CM13-0043456		
Date Assigned:	07/02/2014	Date of Injury:	01/06/2012
Decision Date:	08/07/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/23/2013

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 Occupational 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 claimant was injured on 01/06/12. EMG(electromyography)/NCV(Nerve Conducting Velocity) of the right upper extremity are under review. She has been diagnosed with left carpal tunnel and left frozen shoulder. Electrodiagnostic studies on 10/21/13 revealed slight right carpal tunnel syndrome. The left side was not tested. [REDACTED] stated on 10/23/13 that she had electrodiagnostic studies that showed minimal left carpal tunnel syndrome and slight right carpal tunnel syndrome. On 04/25/14, she saw [REDACTED] and she had injured her shoulders and upper extremities and neck from repetitive movement and stress and strain of employment. She also injured her head and neck, shoulders, and left upper extremity with sequelae of a vaccination in September 2011. She had undergone extensive treatment. She complained of left shoulder pain with limited range of motion but had ongoing symptoms of numbness in both hands. This was getting progressively worse and electrodiagnostic studies in the past were consistent with carpal tunnel syndrome bilaterally. Her shoulder was also getting worse and she had markedly positive impingement signs. She had positive Tinel's signs bilaterally. She was not interested in corticosteroid injections. Carpal tunnel release was recommended on the left side. She saw [REDACTED] on 05/28/14. On 06/02/14, she saw [REDACTED] for ongoing pain. She had tenderness of the left shoulder and wrist with limited range of motion but was neurologically unchanged. She had positive Tinel's and Phalen's on the left with diminished sensation in the median nerve distribution. Carpal tunnel release was recommended. She saw [REDACTED] on 06/30/14. She had left shoulder pain at level 7/10 and left wrist and hand pain at level 6/10. Her TENS (Transcutaneous electrical nerve stimulation) unit was no longer working. She reported improvement with her medications. She was using Tramadol. She has positive Tinel's and Phalen's on the left and diminished sensation of the left median nerve distribution. Jamar on the left was 0, 5, 0. She had limited range of motion of the left shoulder

with chronic impingement. She was a candidate for right carpal tunnel release. Her median neuropathy was refractory to extensive physical therapy, home exercise exercises, activity modification. She was given some medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/ RUE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The history and documentation do not objectively support the request for an EMG of the right upper extremity at this time. The ACOEM Guidelines state Criteria for ordering imaging studies are: Emergence of a red flag. Physiologic evidence of tissue insult or neurologic dysfunction. Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. 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. The claimant has chronic complaints involving her neck, shoulder, and upper extremities and has had extensive evaluation including electrodiagnostic studies. There is no indication that radiculopathy has developed and is being evaluated and no indication for repeat electrodiagnostic studies for carpal tunnel syndrome which has already been diagnosed. The specific indication for this study was not clearly described and none can be ascertained from the file. No new or progressive focal neurologic deficits have been noted. It is not clear how this study is likely to change her course of treatment. The EMG(electromyography)/Right Upper Extremities is not medically necessary.

NCV /RUE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The ACOEM Guidelines state in cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be

indicated. The claimant has chronic complaints involving her neck, shoulder, and upper extremities and has had extensive evaluation including electrodiagnostic studies. There is no indication that of new or progressive focal deficits for which this type of study is indicated. Carpal tunnel syndrome has already been diagnosed in both upper extremities. The specific indication for this study was not clearly described and none can be ascertained from the file. No new or progressive focal neurologic deficits have been noted. is not clear how this study is likely to change her course of treatment. NCV (Nerve Conduction Velocities)/ Right Upper Extremities is not medically necessary.