

Case Number:	CM13-0049690		
Date Assigned:	05/09/2014	Date of Injury:	08/29/1995
Decision Date:	06/11/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/08/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 59 year old female with an injury date of 08/29/95. Based on the 10/02/13 progress report, the patient complains of left shoulder pain and bilateral wrist pain/numbness. She had cervical spine surgery in 2004. She has difficulty showering, getting dressed, doing housework, driving, and sleeping though the night. The patient is diagnosed with the following: Left shoulder impingement/bursitis syndrome, partial rotator cuff tear, Right wrist possible carpal tunnel syndrome, Left wrist possibly carpal tunnel syndrome, and Fibromyalgia The physician is requesting for an electromyography and a nerve conduction study for the bilateral upper extremities. The utilization review determination being challenged is dated 10/29/13 and recommends denial of both the electromyography and nerve conduction study of the bilateral upper extremities. The requesting provider, provided treatment reports from 05/13/13- 10/10/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY TEST TO THE BILATERAL UPPER EXTREMITIES:

Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: According to the 10/02/13 progress report provided by [REDACTED] the patient complains of left shoulder pain and bilateral wrist pain/numbness. The request is for electromyography test to the bilateral upper extremities to evaluate for possible peripheral nerve compression vs. other pathology. The treater state that the prior studies were difficult to interpret and appeared incomplete. Prior EMG/NCS of right arm was from 5/30/13 and it showed probable radiculopathy and CTS. For EMG, ACOEM Guidelines page 262 states, "Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. They may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, test may be repeated later in the course of treatment if symptoms persist." This patient did have a set of NCS in May 2013 but ACOEM allows for repeat studies for persistent symptoms. Recommendation is for authorization.

NERVE CONDUCTION STUDY OF THE BILATERAL UPPER EXTREMITIES:

Overtuned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: According to the 10/02/13 progress report provided by [REDACTED] the patient complains of left shoulder pain and bilateral wrist pain/numbness. The request is for electromyography test to the bilateral upper extremities to evaluate for possible peripheral nerve compression vs. other pathology, as the prior studies are difficult to interpret and appear incomplete. A previous EMG/NCS of the left upper extremity was conducted on 05/23/13 however was "Difficult to interpret and appears incomplete." An EMG/NCS of the right upper extremity from 05/30/13 reveals probably cervical disc disorder radiculopathy and carpal tunnel syndrome. For EMG, ACOEM Guidelines page 262 states, "Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. They may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, test may be repeated later in the course of treatment if symptoms persist." This patient did have a set of NCS in May 2013 but ACOEM allows for repeat studies for persistent symptoms. Recommendation is for authorization.