

Case Number:	CM13-0059384		
Date Assigned:	12/30/2013	Date of Injury:	02/06/2013
Decision Date:	03/20/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	12/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in Virginia. 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 physician 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 28 year old man who worked as a roofer. He sustained blunt trauma on Feb 6 2013 to his left neck and shoulder region and the dorsum of his left hand. Following this, he had ongoing issues with persistent left neck and shoulder pain, intermittent pain, as well as paresthasias of his left upper extremity dating. The patient had electrodiagnostic testing and nerve conduction testing on Dec 9 2013. This commented on the left upper extremity as abnormal and chronic neuropathic changes in the muscles of the shoulder girdle area. These findings suggested that there was pathology of the spinal accessory nerve and left C5-6 nerve roots. ██████ saw the patient on Mar 4 2013. He was instructed to get an MRI of the left shoulder and hand; he was prescribed Voltaren 100mg daily, and Protonix 20mg bid, Ultram ER 150mg daily, Norco 10/325mg nightly prn, Dendracin lotion 120ml. ██████ saw the patient on Feb 14 2013 and found that the patient had a contusion of his left shoulder and hand. He was instructed to use: Flexeril, 5mg at bedtime, Etodolac ER600mg bid, Tramadol 150mg qhs prn, Polar Frost 150ml gel tube. ██████ saw the patient on Apr 3 2013. On Apr 3 2013, he had ongoing pain and was noted to have had proper diagnostic studies of his neck, left shoulder, left wrist and left upper dorsal area. On Mar 25 2013, the patient had an MRI of the left shoulder and left hand, both of which were not remarkable.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178,181-183,261-262,269.

Decision rationale: According to the ACOEM Guidelines, "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...Appropriate electrodiagnostic studies (EDS) may help differentiate between Carpal tunnel syndrome (CTS) and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) 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, tests may be repeated later in the course of treatment if symptoms persist." Nerve conduction studies are not recommended if radiculopathy has been isolated with Electromyography (EMG). Based on the clinical documentation provided, the request for a NCS is not medically necessary and appropriate.

EMG Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178,181-183,261-262,269.

Decision rationale: Per the ACOEM Guidelines, "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....Appropriate electrodiagnostic studies (EDS) may help differentiate between Carpal tunnel syndrome (CTS) and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) 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, tests may be repeated later in the course of treatment if symptoms persist." Within the clinical documentation provided, there is no medical necessity to perform an EMG for a patient undergoing cervical surgery. The request is not medically necessary and appropriate