

Case Number:	CM13-0059823		
Date Assigned:	12/30/2013	Date of Injury:	09/01/2011
Decision Date:	03/27/2014	UR Denial Date:	11/04/2013
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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 39 year old male with date of injury 9/11/2012. Patient has ongoing complaints of left sided chest wall, shoulder and hand pain. Diagnoses include lumbar spine strain, left shoulder impingement, left medial epicondylitis, cervicothoracic spine strain, left carpal and cubital tunnel syndrome. Subjective complaints are of neck and mid back pain described as sharp and achy, radiates into the mid back and left shoulder. Patient also complains of constant pain in left shoulder, elbow, and wrist. There is radiation of numbness from left shoulder to wrist. Physical exam shows good cervical and shoulder range of motion with muscle spasm and tenderness in the trapezius area. Cervical provocation tests were negative, with positive Neer's and supraspinatus tests on the left shoulder. There is tenderness over the left medial epicondyle and a left wrist positive Phalen's test and diminished touch sensation in left hand. Prior imaging studies include normal left shoulder, elbow, and wrist x-ray. Note was made on orthopedic exam on 10/22/2013 of prior electrodiagnostic studies of the left upper extremity. Submitted documentation shows electrodiagnostic study dated 7/30/2013. This study was a nerve conduction study (NCS) for the lower extremities, but showed EMG findings for the left upper extremity which were charted as normal but without further discussion. The vast majority of submitted records document patient's low back pathology from a prior industrial injury, with minimal documentation of his left upper extremity problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints
Page(s): 179, 182, 213, 261, 269.

Decision rationale: ACOEM guidelines suggest EMG/NCS as a means of detecting physiologic insult in the upper back and neck. EMG/NCS can also be used to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection, but is not recommended for diagnosis if history, physical, and previous studies are consistent with nerve root involvement. For shoulder complaints ACOEM does not recommend EMG/NCV for evaluation for usual diagnoses. For hand/wrist complaints EMG/NCV is recommended as appropriate as electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. For this patient there is evidence of previous EMG on the left upper extremity. Since prior electrodiagnostic study appears to have been performed in conjunction with a lower extremity NCS, a repeat study would not be medically necessary.