MAXIMUS Federal Services

Case Number:	CM13-0060559		
Date Assigned:	12/30/2013	Date of Injury:	05/03/2012
Decision Date:	04/28/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/03/2013

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 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 50-year-old female with a date of injury of 05/03/2012. The listed diagnoses per [redacted] are: 1) status post distal clavicle resection, September 2012, for right shoulder pain; 2) persistent neck pain and radiating pain down the arm into the little ring finger. According to a report dated 11/06/2013 by [redacted], the patient presents for an initial physical medicine rehabilitation consultation. The patient presents with continued pain in her right shoulder that radiates down to her elbow and hands. The patient has been under the care of [redacted] where the patient obtained x-rays, underwent physical therapy, and ultimately had shoulder surgery with [redacted]. Examination of the cervical spine revealed range of motion is full in all planes. Lateral stretch of the neck to the right causes paresthesias down the arm and below the elbow to the fingers. "Tinel's sign over the median and ulnar nerve at the wrist and elbow and radial tunnel are negative." Active right shoulder flexion and abduction 170, external rotation 90, internal rotation to T8. There is no weakness of external and internal rotation. There is some tenderness over the AC joint. X-ray of the shoulder revealed: AP, axillary, and notch demonstrate normal glenohumeral joint, normal arch. No evidence of fracture. An x-ray of the cervical spine demonstrates cervical vertebrate with adequate intervetebral disc space. No evidence of disc narrowing. The treater states the patient "clearly reproduced paresthesias down the arm associated with neck movement. There is a clinical suspicion of right cervical radiculopathy." The treater is requesting nerve tests of the neck and arms including EMG/nerve conduction studies and assessment of the individual cervical sensory nerve via evoked potential testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE NECK AND ARMS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178, 303.

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

Decision rationale: ACOEM Guidelines state that electro diagnostic studies may help differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. In this case, the patient presents with right shoulder pain that radiates to the elbows and hands. Although there is limited evidence of neurological deficits on examination, the patient has been complaining of continuous numbness and tingling. A report dated 04/04/2013 also confirms the patient's continued complaints of numbness and tingling in her right forearm, wrist and hands, affecting the last two digits. Given the persistent symptoms further investigation at this time is warranted. The medical records provided for review do not mention prior studies. The request for an EMG of the neck and arms is medically necessary and appropriate.

NCS OF THE NECK AND ARMS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 178,303.

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

Decision rationale: ACOEM Guidelines state that electro diagnostic studies may help differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. In this case, the patient presents with right shoulder pain that radiates to the elbows and hands. Although there is limited evidence of neurological deficits on examination, the patient has been complaining of continuous numbness and tingling. A report dated 04/04/2013 also confirms the patient's continued complaints of numbness and tingling in her right forearm, wrist and hands, affecting the last two digits. Given the persistent symptoms further investigation at this time is warranted. The medical records provided for review do not mention prior studies. The request for NCS of the neck and arms is medically necessary and appropriate.

ASSESSMENT OF INDIVIDUAL CERVICAL SNESORY NERVES VIA EVOKED POTENTIAL TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with shoulder and cervical spine pain. The treater is requesting an assessment of individual cervical sensory nerves via evoked potential testing. The ACOEM and MTUS Guidelines do not discuss Evoked potential studies. Therefore, the ODG were consulted. ODG has the following regarding Evoked potential studies; "Recommended as a diagnostic option for unexplained myelopathy and/or in unconscious spinal cord injury patients. Not recommended for radiculopathies and peripheral nerve lesions where standard nerve conduction velocity studies are diagnostic." In this case, an Evoked Potential Studies is not indicated as this patient does not present with myelopathy or spinal cord injury. Furthermore, the treater is already requesting an EMG/NCV, it is not clear what further findings an EP study may produce that would otherwise not be indicated by an EMG. The request is not medically necessary and appropriate.