

Case Number:	CM13-0061204		
Date Assigned:	12/30/2013	Date of Injury:	07/02/2013
Decision Date:	04/11/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/04/2013

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 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 42 year old with a date of injury on 7/2/2013. Patient has been treated for ongoing symptoms in the shoulders, low back and neck. Specific subjective complaints include moderate to severe radiating pain in the neck, moderate to severe radiating pain in the low back with stiffness, and stiffness and pain in bilateral shoulders, elbows, and wrists. Physical exam shows cervical spine tenderness and decreased range of motion, with positive cervical compression and distraction test. Lumbar spine has tenderness and decreased range of motion and muscle weakness in bilateral legs. Bilateral shoulders have tenderness and decreased range of motion. Bilateral wrists have tenderness, decreased grip strength, and positive Tinel's and Phalen's test. Medications have included Naproxen, Vicodin, and Robaxin. Clinical encounter notes records a MRI from 11/5/13 that showed shoulder tendonitis with labral and bicep tendon tears, cervical disc bulge, and lumbar spine disc bulges. Copy of MRI report was not identified in the medical record. Submitted documentation shows that the patient is currently under the care of a chiropractic doctor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription NCV Upper Extremities: Overturned

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

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 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 since electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. For this patient, subjective and objective signs/symptoms show evidence of carpal tunnel syndrome, and MRI findings show disc herniation that could contribute to upper extremity symptoms. Therefore, the medical necessity of an NCV is established.

Prescription (EMG) Electromyography Upper Extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 179,182,213,261,269.

Decision rationale: ACOEM guidelines suggest EMG 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 since electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. For this patient, subjective and objective signs/symptoms show evidence of carpal tunnel syndrome, and there is MRI evidence of disc bulges that could contribute to upper extremity symptoms. Therefore, the medical necessity of an EMG is established.

Surgical Consult with [REDACTED], M.D.: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, page(s) 127. Official Disability Guidelines (ODG), Pain Office Visits.

Decision rationale: ACOEM guidelines indicated that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. The ODG states that office visits are recommended and determined to be medically necessary. This patient has ongoing moderate to severe pain in multiple anatomical sites of an orthopedic nature. The patient also has abnormal findings present on MRI. Therefore, the request for orthopedic consultation is medically necessary.