MAXIMUS Federal Services

Case Number:	CM13-0064016		
Date Assigned:	01/03/2014	Date of Injury:	08/16/2013
Decision Date:	05/16/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/12/2013

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, has a subspecialty in Pain Management 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 49 year old female who was injured on 08/16/2013 while she was moving a heavy vacuum on the floor. She felt immediate pain in the right paracervical trapezius muscle with radiation of pain down to the right upper extremity. Prior treatment history has included Naprosyn. Physiatry Consultation dated 11/15/2013 indicated the patient presented with complaints of pain in the paracervical trapezius muscle with some radiations of pain down to the right upper extremity with some intermittent numbness sensations affecting the right hand. Moreover, there is pain on the right shoulder, especially with overhead activities and difficulty around the right shoulder. She continued to take Naprosyn with relief but noted problems with her stomach. She has not had chiropractic care, EMG and nerve conductions studies of the bilateral upper extremities, nor MRI of the right C-spine and right shoulder. Objective findings on exam revealed decreased flexion, extension and bilateral bending and rotation by 10 percent of normal. There was tenderness in the right paracervical muscles. There was tenderness in the right trapezius muscles. There was tenderness in the right rhomboid muscles. There was decreased sensation in the right ventral aspect of the thumb and first two and half digits. There were normal reflexes in the bilateral brachioradialis, biceps, and triceps. She had normal strength in the bilateral deltoid, biceps, triceps, wrist extensors, and wrist flexors. There was positive Spurling's sign; negative Tinel's sign at the bilateral wrists; negative Tinel's sign at the bilateral ulnar grooves. Examination of the right shoulder revealed range of motion had decreased active right abduction, external, and internal rotation by 10 percent of normal. There was tenderness to palpation in the right deltoid insertion point. She had normal sensation to light touch in the bilateral deltoid, biceps, triceps; ventral and dorsal aspects of the hands. There was decreased strength in the right shoulder abductors, internal and external rotation 4/5. There was a positive

right shoulder impingement sign. The patient was diagnosed with right cervical strain, right rotator cuff impingement and myofascial pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) AND NERVE CONDUCTION VELOCITY (NCV) FOR THE BILATERAL UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, EMG/NCS

Decision rationale: According to the ACOEM guidelines, for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. According to the Physiatry Consultation dated 11/15/2013, the patient presented with complaints of pain in the paracervical trapezius muscle with some radiations of pain down to the right upper extremity with some intermittent numbness sensations affecting the right hand. Examination documented decreased sensation in the right ventral aspect of the thumb and first two and half digits. The patient was diagnosed with right cervical strain, right rotator cuff impingement and myofascial pain syndrome. The report noted she had not had chiropractic care, EMG and nerve conductions studies of the bilateral upper extremities, nor MRI of the right C-spine and right shoulder. In addition to MRI and electrodiagnostic studies, the patient has apparently been prescribed a course of chiropractic care and medications. The guidelines state special studies are not needed unless a period of conservative care and observation have failed to improve symptoms. It is recommended that in accordance with the evidence-based guidelines, thorough assessment of the patient's response to conservative care take place, prior to submitting her to special studies such as EMG/NCS. The medical necessity of this request has not been established at this time.