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| Case Number: | CM13-0071550 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 09/21/2010 |
| Decision Date: | 06/10/2014 | UR Denial Date: | 12/17/2013 |
| Priority: | Standard | Application Received: | 12/28/2013 |

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 injured worker is a 52-year-old male who reported an injury on 09/21/2010 of unknown mechanism. The clinical note dated 11/18/2013 indicated that the injured worker was diagnosed with status-post right carpal tunnel releases, status-post right middle finger distal interphalangeal joint arthrodesis, right shoulder subacromial impingement syndrome, rule out rotator cuff tear, and cervicothoracic spondylosis, and rule out cervical radiculopathy. The injured worker reported pain to his right shoulder, upper extremity, wrist and hand. The injured worker reported constant moderate wrist and hand pain with pain radiating to his right long finger. The injured worker was diagnosed with status-post right carpal tunnel release, status-post right middle finger distal interphalangeal joint arthrodesis, and right shoulder subacromial impingement syndrome, rule out rotator cuff tear, cervicothoracic spondylosis and rule out cervical radiculopathy. He had occasional infrequent numbness, cramping and weakness in his right hand and had dropped several objects. He reported medications alleviated the pain. The injured worker had constant moderate pain in the neck with pain that radiated to his right shoulder and arm down to the hand. He had occasional headaches which he associated with neck pain. The injured worker had difficulty sleeping and awakened with pain and discomfort. The injured worker had constant moderate pain to the right shoulder with pain radiating to his right hand with a popping, clicking and grinding sensation in the shoulder. He had occasional numbness and tingling in his right shoulder and arm, his pain increased with movement of the right shoulder he reported medication alleviated the pain. The cervical spine range of motion findings were occipital left flexion 74 degrees, T-1 flexion 23 degrees, occipital extension 72 degrees, and T-1 extension 22 degrees. The occipital right findings were flexion 74 degrees, T-1 23 degrees, occipital extension 72 degrees and T-1 extension 22 degrees. The range of motion of the shoulder findings were right flexion was 120 degrees, abduction 90 degrees, internal rotation 60 degrees, and external rotation

50 degrees. There is myofascial tenderness to palpation of the right trapezius musculature. There was positive Phalen's and Durkin's test. The current medication regimen is ibuprofen and Naprosyn. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electromyography (EMG), Nerve Conduction Study.

Decision rationale: The request for electromyography (EMG) of the left upper extremity is non-certified. The injured worker reported pain to his right shoulder, upper extremity, wrist and hand. The American College of Occupational and Environmental Medicine Guidelines state 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. The Official Disability Guidelines (ODG) states electromyography is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified. There is no justification for the left upper extremity EMG in the records as there is a lack of neurological deficits to suggest radiculopathy. Therefore, per the Official Disability Guidelines (ODG), the request for EMG of the left upper extremity is non-certified.

NCV OF THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back, Nerve Conduction Studies (NCS), and Non-MTUS Citation: Official Disability Guidelines (ODG), Nerve Conduction Study

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electromyography (EMG), Nerve Conduction Study.

Decision rationale: The injured worker reported pain to his right shoulder, upper extremity, wrist and hand. The American College of Occupational and Environmental Medicine Guidelines state 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. The Official Disability Guidelines (ODG) does not recommend a NCV to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs. There is minimal justification for performing

nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. There is no justification for the left upper extremity NCV in the records as the injured worker already has established diagnoses of peripheral neuropathy. Therefore, per the Official Disability Guidelines (ODG), the request for NCV of the left upper extremity is non-certified.