

Case Number:	CM13-0072340		
Date Assigned:	01/08/2014	Date of Injury:	08/15/2008
Decision Date:	06/05/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/30/2013

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 and 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 48-year-old female who reported an injury on August 15, 2008. The mechanism of injury was a repetitive motion injury. The request for authorization for the EMG (electromyography)/NCV (nerve conduction velocity) of bilateral upper extremities was not provided in the clinical documentation. The clinical note dated November 1, 2013 noted the injured worker reported pain in the right shoulder aggravated with overhead reaching, pain in the right wrist. The physical exam noted the injured worker had right shoulder range of motion restriction, with a positive impingement test. Exam of the wrist showed 45 degree extension and 45 degree flexion. The injured worker had diagnoses including right shoulder impingement syndrome, tendonitis, the injured worker underwent right elbow surgery on September 20, 2011, right wrist strain rule out tendonitis, and carpal tunnel syndrome. The provider recommended EMG/NCV studies of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (ELECTROMYOGRAPHY)/NCV (NERVE CONDUCTION VELOCITY) STUDIES OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute and Chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, Electromyography.

Decision rationale: The injured worker reported pain to the right shoulder aggravated with overhead reaching, as well as pain in the right wrist. The injured worker had a positive impingement test. The American College of Occupational and Environmental Medicine state appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist.. The Official Disability Guidelines recommend only in cases where diagnosis is difficult with nerve conduction studies. There are situations in which both electromyography and nerve conduction studies need to be accomplished, such as when defining whether neuropathy is of demyelinating or axonal type. Seldom is it required that both studies be accomplished in straightforward condition of median and ulnar neuropathies or peroneal nerve compression neuropathies. The provider did include documentation of a positive impingement sign on the physical exam; however, the guidelines also recommend NCV in injured workers with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Carpal tunnel syndrome must be proven by positive findings on clinical examination and should be supported by nerve conduction tests before surgery is undertaken. The clinical information submitted did include adequate documentation of positive carpal tunnel syndrome findings such as a positive tinnel's, positive phalens or positive two point discrimination test. There is also a lack in documentation of failure of conservative care. The request for an EMG/NCV of the bilateral upper extremities is not medically necessary or appropriate.