MAXIMUS Federal Services

Case Number:	CM14-0000516		
Date Assigned:	01/10/2014	Date of Injury:	01/25/2008
Decision Date:	06/19/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational Medicine 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 32-year-old male who has submitted a claim for complex regional pain syndrome in left upper extremity, fracture of the 5th finger proximal phalanx, and rotator cuff tear associated with an industrial injury date of January 25, 2008. Medical records from 2013-2014 were reviewed, the latest of which dated January 13, 2014 revealed that the patient complains of cervical pain with left greater than right upper extremity symptoms graded 7/10. He also complains of low back pain with right greater than left lower extremity symptoms graded 7/10. He claims that medications help, and denies side effect. The patient expresses concern regarding gradual crescendo left upper extremity neurologic component. This does result in significant decline in activity and function involving left greater than right upper extremity. On physical examination, there was limitation in cervical range of motion in flexion to 60% of normal, extension to 50% of normal, left and right rotation to 50% normal, left and right lateral bending to 50% of normal. Upper extremity neurologic evaluation demonstrated changes in the left deltoid 4+/5, left biceps 5-/5, left wrist extensors 4+/5, left wrist flexors 4+/5, right wrist extensors 4+/5, and right wrist flexors 5-/5. There is diminished sensation over the left C5, C6, C7 and right C6 and C7 dermatomal distributions. MRI of the left shoulder (undated) revealed rotator cuff tear. MRI of the cervical spine done last November 2, 2013 revealed fusion at C6-7, protrusion 2mm at C3-4, C4-5, C5-6, annular tear C5-6 and moderately severe left foraminal narrowing C5-6 and C6-7. Thoracic outlet workup with Doppler done last January 5, 2012 revealed normal findings. The treatment to date has included arthroscopic left shoulder repair of SLAP tear and rotator cuff (4/2009), multiple stellate ganglion blocks (latest 12/11/13), left suprascapular nerve block (11/29/11), physical therapy, H-wave, TENS, and medications which include Zanaflex, Duragesic, Clonidine, Elavil, Naproxen Sodium, Ibuprofen, Aspirin and Tylenol. EMG/NCV of bilateral upper extremities done last January 2, 2013 was unremarkable.

The utilization review from December 16, 2013 modified the request for repeat bilateral upper extremities EMG/NCV to repeat left upper extremity EMG/NCV only because the prior electrodiagnostic study was unremarkable and the claimant has significant clinical deterioration with worsening symptoms of the left upper extremity only.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT BILATERAL UPPER EXTREMITIES EMG/NCV: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: As stated on page 238 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by California MTUS, criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. In this case, repeat bilateral upper extremities EMG/NCV was requested to rule out early complex regional pain syndrome and possible nerve damage as a result of the traumatic nature of injury. A previous EMG/NCV of bilateral upper extremities done last January 2, 2013 was unremarkable. The patient has a history of previous physical therapy sessions and use of pain medications with noted pain relief and functional improvement. However, in the most recent clinical evaluation, the patient complains of cervical pain with left greater than right upper extremity symptoms graded 7/10. On physical examination, there was limited cervical range of motion, left upper extremity weakness, and diminished sensation over bilateral C6-C7 dermatomes. There are subjective and objective findings in the bilateral upper extremities that warrant further investigation using EMG/NCV. The medical necessity for a repeat EMG/NCV was established. Therefore, the request for repeat bilateral upper extremities EMG/NCV is medically necessary.