

Case Number:	CM14-0002223		
Date Assigned:	01/24/2014	Date of Injury:	08/02/2011
Decision Date:	06/13/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 56 year old male with a reported date of injury on 08/02/2011. The injury reportedly occurred when the injured worker struck his left elbow on a metal rack. The injured worker's diagnoses included left shoulder rotator cuff impingement syndrome, left bicipital tenosynovitis and secondary tendinopathy and bursitis of the left shoulder. The injured worker underwent electrodiagnostic studies of the upper extremities on 01/27/2012; the studies revealed bilateral carpal tunnel syndrome and left elbow cubital tunnel syndrome. The request for authorization for electromyography of the bilateral upper extremities and NCV of the bilateral upper extremities was submitted on 01/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 207,607,609. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Worker's Compensation, Online Edition, Neck and Upper Back (Acute and Chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: ACOEM states when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. 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. In addition the injured worker had electro-diagnostic studies 01/27/2012, there is a lack of documentation provided to determine the need for additional electrodiagnostic studies. The requesting physician did not provide any clinical notes documenting the injured workers need for electrodiagnostic testing. Therefore, the request for Electromyography of the bilateral upper extremities is not medically necessary.

NCV OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 207,607,609.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: ACOEM states when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. 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. In addition the injured worker had electro-diagnostic studies 01/27/2012, there is a lack of documentation provided to determine the need for additional electrodiagnostic studies. The requesting physician did not provide any clinical notes documenting the injured workers need for electrodiagnostic testing. Therefore, the request for NCV of the bilateral upper extremities is not medically necessary.