

Case Number:	CM14-0002839		
Date Assigned:	01/29/2014	Date of Injury:	06/19/2012
Decision Date:	06/19/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/08/2014

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 General Surgery, has a subspecialty in Occupational Medicine, and is licensed to practice in Texas. 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 42-year-old female who sustained injuries to the bilateral upper extremities on 06/19/12. The mechanism of injury was not documented. An electromyography (EMG)/NCS (nerve conduction study) dated 07/30/12 revealed normal findings with no evidence of entrapment, neuropathy noted at any level in the bilateral upper extremities and no evidence of an active cervical radiculopathy noted. The records indicate that the injured worker is status post subacromial decompression and debridement for right shoulder impingement dated 04/03/13. The injured worker continues to complain of alleged shooting pain in the bilateral hands that radiate up to the bilateral shoulders. The injured worker was diagnosed with bilateral carpal tunnel syndrome and tenosynovitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, AND CHAPTER 8 PG. 178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK AND UPPER BACK CHAPTER, ELECTROMYOGRAPHY (EMG).

Decision rationale: The records indicate that an electromyography (EMG) dated 07/30/12 revealed no evidence of entrapment neuropathy noted at any level in the bilateral upper extremities and no evidence of active cervical radiculopathy was noted. However, the injured worker is status post right shoulder surgery dated 04/03/13. There was no information provided that would indicate that the injured worker has undergone electrodiagnostic testing of the bilateral upper extremities post surgery. The Official Disability Guidelines (ODG) states that electromyography may be helpful for injured workers with double crush phenomenon, in particular, when there is evidence of possible metabolic pathologies such as neuropathy secondary to diabetes, thyroid disease or evidence of peripheral compression such as carpal tunnel syndrome. Given the clinical documentation submitted for review, medical necessity of the request for the EMG of the bilateral upper extremities has been established. The recommendation is for certification.

NCS BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, AND CHAPTER 8, PG. 178. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 8 AND 11, 178 AND 261.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK AND UPPER BACK CHAPTER, ELECTROMYOGRAPHY (EMG).

Decision rationale: The records indicate that a NCS (nerve conduction study) dated 07/30/12 revealed no evidence of entrapment neuropathy noted at any level in the bilateral upper extremities and no evidence of active cervical radiculopathy was noted. However, the injured worker is status post right shoulder surgery dated 04/03/13. There was no information provided that would indicate that the injured worker has undergone electrodiagnostic testing of the bilateral upper extremities post surgery. The Official Disability Guidelines (ODG) states that while cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. Given the clinical documentation submitted for review, medical necessity of the request for NCS of the bilateral upper extremities has been established. The recommendation is for certification.