

Case Number:	CM14-0005029		
Date Assigned:	02/05/2014	Date of Injury:	02/01/2013
Decision Date:	07/07/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/14/2014

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 53-year-old male who has submitted a claim for cervical strain/sprain and right shoulder internal derangement associated with an industrial injury date of February 1, 2013. Medical records from 2013-2014 were reviewed. The patient complained of moderate dull neck and right shoulder pain and stiffness. Pain was aggravated by cold weather and normal movements. Physical examination showed decreased and painful range of motion of the cervical spine; tenderness over bilateral cervical paravertebral, trapezius, and anterior shoulder muscles; and positive supraspinatus press on the right. EMG/NCV of the left upper extremity done last July 16, 2013 showed left median neuropathy. Treatment to date has included NSAIDs, opioids, muscle relaxants, anticonvulsants, topical analgesics, use of interferential and TENS unit, chiropractic sessions, acupuncture, physical therapy, and surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT EMG BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

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

Decision rationale: According to page 238 of the California MTUS/ACOEM guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient presented with symptoms of possible persistent radiculopathy. EMG/NCV of the left upper extremity done last July 16, 2013 showed left median neuropathy. Progress notes from December 19, 2013 reported shoulder pain and positive supraspinatus press on the right. However, there is insufficient clinical evidence of nerve entrapment regarding the right upper extremity that would necessitate performing an EMG. In addition, MRI of the right shoulder done last November 15, 2013 showed no evidence of impingement or stenosis. Furthermore, there were no significant changes regarding the patient's left upper extremity that would necessitate a repeat EMG. Lastly, the rationale for performing a repeat bilateral EMG was not clearly stated in the medical records reviewed. Therefore, the request for repeat EMG of the bilateral upper extremities is not medically necessary.

REPEAT NCV BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

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, Nerve Conduction Studies (NCS).

Decision rationale: The California MTUS/ACOEM does not specifically address nerve conduction studies (NCS), so the Official Disability Guidelines (ODG) were used. According to the ODG, NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but it is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the patient presented with symptoms of possible persistent radiculopathy, which persisted despite physical therapy. EMG/NCV of the left upper extremity done last July 16, 2013 showed left median neuropathy. Progress notes from December 19, 2013 reported shoulder pain and positive supraspinatus press on the right. However, a comprehensive neurologic examination is not available. In addition, an MRI of the right shoulder done last November 15, 2013 showed no evidence of impingement or stenosis. Furthermore, there were no significant changes regarding the patient's left upper extremity that would necessitate a repeat NCV. Lastly, the rationale for performing a repeat bilateral NCV was not clearly stated in the medical records reviewed. Therefore, the request for repeat NCV of the bilateral upper extremities is not medically necessary.