

Case Number:	CM14-0005350		
Date Assigned:	01/24/2014	Date of Injury:	08/11/2012
Decision Date:	06/09/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/15/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 33 year old female with a date of injury on 8/11/2012. Diagnoses include cervicgia, cervical strain/sprain, pain in limb, rule out cervical radiculopathy, and status post left shoulder arthroscopy in 6/13. Subjective complaints are of posterior neck pain that radiates to the back of the left arm. Physical exam shows left shoulder trapezial tenderness with normal range of motion. Cervical spine is without tenderness and has full range of motion. Further upper extremity neurologic exam was not documented. Previous utilization review certified a cervical MRI to be done prior to proceeding with electrodiagnostic testing. Current submitted documentation does not show results of this MRI. Prior treatment has included physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment Guidelines Electromyography (EMG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 179, 182, 213, 261, 269.. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND

ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), UPPER BACK/NECK, SHOULDER, HAND/WRIST, 179, 182, 213, 261, 269.

Decision rationale: ACOEM guidelines suggest EMG as a means of detecting physiologic insult in the upper back and neck. Electromyography (EMG)/Nerve Conduction Velocity (NCV) can also be used to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection, but is not recommended for diagnosis if history, physical, and previous studies are consistent with nerve root involvement. For shoulder complaints ACOEM does not recommend EMG/NCV for evaluation for usual diagnoses. For hand/wrist complaints EMG/NCV is recommended as appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. For this patient, subjective and objective signs/symptoms do not show evidence of nerve root involvement or carpal tunnel syndrome, but rather of shoulder pain that is improving after surgery. Therefore, the medical necessity of an upper extremity EMG is not established.

NCV BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Nerve Conduction Studies- Carpal Tunnel Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 179, 182, 213, 261, 269.

Decision rationale: ACOEM guidelines suggest NCS as a means of detecting physiologic insult in the upper back and neck. Electromyography (EMG)/Nerve Conduction Velocity (NCV) can also be used to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection, but is not recommended for diagnosis if history, physical, and previous studies are consistent with nerve root involvement. For shoulder complaints ACOEM does not recommend EMG/NCV for evaluation for usual diagnoses. For hand/wrist complaints EMG/NCV is recommended as appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. For this patient, subjective and objective signs/symptoms do not show evidence of nerve root involvement or carpal tunnel syndrome. Therefore, the medical necessity of a Nerve Conduction Velocity (NCV) is not established.