

Case Number:	CM14-0005780		
Date Assigned:	02/05/2014	Date of Injury:	07/09/2012
Decision Date:	07/07/2014	UR Denial Date:	12/23/2013
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 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 30-year-old female who has submitted a claim for cervical spine and bilateral shoulders sprain/strain, right shoulder impingement syndrome, and right hand carpal tunnel syndrome associated with an industrial injury date of July 9, 2012. Medical records from 2012 to 2013 were reviewed. The patient complained of chronic neck and upper back pain with radiation to the right upper extremity. Physical examination showed tenderness over the paracervical spine and bilateral anterior shoulder joint, limited active range of motion (ROM) in all planes of the right shoulder and forearm, and clinical signs of carpal tunnel syndrome in the right hand. Electromyogram/nerve conduction velocity (EMG/NCV) study done last June 25, 2013 was not available for review. Treatment to date has included NSAIDs, opioids, paraffin bath, acupuncture, chiropractic sessions, physical therapy, and open reduction and internal fixation (ORIF) on 7/10/12. Utilization review from December 23, 2013 denied the request for EMG/NCV of bilateral upper extremity due to lack of clinical findings on the left upper extremity and the presence of a previous electrodiagnostic study showing normal results.

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 cite any medical evidence for its decision.

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

Decision rationale: According to page 238 of the CA MTUS ACOEM Practice 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 radiculopathy, which persisted despite physical therapy. Recent progress notes reported chronic neck and upper back pain with radiation to the right upper extremity occasionally to the left. The patient has focal neurologic deficit. However, a previous EMG/NCV done last June 25, 2013 showed normal results. In addition, there were no reports of significant changes or progression of the patient's condition. Furthermore, there is insufficient clinical data for the left upper extremity to warrant a repeat EMG. Therefore, the request for EMG bilateral upper extremities is not medically necessary.

NCV BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly radiculopathy. In this case, the patient presented with symptoms of possible radiculopathy, which persisted despite physical therapy. Recent progress notes reported chronic neck and upper back pain with radiation to the right upper extremity occasionally to the left. Previous EMG/NCV done last June 25, 2013 showed normal results. In addition, there were no reports of significant changes or progression of the patient's condition. Furthermore, there is insufficient clinical data for the left upper extremity to warrant a repeat NCV. Therefore, the request for NCV bilateral upper extremities is not medically necessary.