

Case Number:	CM14-0007388		
Date Assigned:	02/10/2014	Date of Injury:	02/10/2010
Decision Date:	07/17/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/21/2014

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 58-year-old female who has submitted a claim for left shoulder impingement, left carpal tunnel syndrome, and osteoarthritis of the left hip associated with an industrial injury date of February 20, 2010. Medical records from 2011 to 2014 were reviewed. The patient complained of left arm and hip pain. Left arm pain was associated with numbness and tingling of the left hand. Physical examination showed decreased left shoulder ROM, positive Phalen's and Tinel's on the left, and left hip pain with ROM. Treatment to date has included NSAIDs, opioids, TENS, physical therapy, and surgery. Utilization review from January 2, 2014 denied the request for TENS unit supplies because documentation regarding diagnosis, duration, and specific body part where the unit is to be used are lacking. The request for EMG/NCV of the left upper extremity was denied due to lacking evidence of cervical radiculopathy, carpal tunnel, and shoulder pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUPPLIES FOR A TENS UNIT (TRANSCUTANEOUS NERVE STIMULATOR): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 TENS UNIT Page(s): 114-116.

Decision rationale: Pages 114-116 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. In this case, the patient was noted to have a history of TENS unit use. However, information regarding the specific body part where the unit was used and its outcomes are not documented. There were no reports of functional gains attributable to the TENS unit. In addition, there is no documentation of a successful 1-month TENS trial. Therefore, the request for supplies for a TENS unit (transcutaneous nerve stimulator) is not medically necessary.

EMG (ELECTROMYOGRAPHY) TEST OF THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 neural compromise. However, there are no reports of focal neurologic deficit. Physical examination findings are not compatible with radiculopathy. Therefore, the request for EMG (electromyography) test of the left upper extremity is not medically necessary.

NCV (NERVE CONDUCTION VELOCITY) TEST OF THE LEFT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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) 2014.

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 it is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the patient presented with symptoms of possible neurologic compromise, which is persistent despite physical therapy. Recent progress notes reported left arm pain associated with numbness and tingling of the left hand. Physical examination is compatible with neuropathy showing positive Phalen's and Tinel's tests on the left. Medical necessity for a NCV was

established. Therefore, the request for NCV (nerve conduction velocity) test of the left upper extremity is medically necessary.