

Case Number:	CM14-0008229		
Date Assigned:	02/12/2014	Date of Injury:	06/03/2009
Decision Date:	07/11/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/22/2014

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 female who has submitted a claim for neck sprain/strain and carpal tunnel syndrome associated with an industrial injury date of June 3, 2009. The medical records from 2012 to 2013 were reviewed. The patient complained of constant bilateral shoulder, wrist, and hand pain with numbness into the fingers and weakness of grip. Physical examination of bilateral shoulders showed decreased range of motion in all planes; positive impingement and Hawkins' sign; tenderness over the acromioclavicular joint, and 4/5 Manual muscle testing bilaterally. Physical examination of bilateral wrist showed positive Phalen's and Tinel's; 4/5 grip strength, and decreased sensation. The treatment to date has included non-steroidal anti-inflammatory drugs (NSAIDs), opioids, topical analgesics, antidepressants, steroid injections, physical therapy, and surgery. A utilization review from January 17, 2014 denied the request for electromyography (EMG)/NCV (nerve conduction velocity) of bilateral upper extremities due to lack of documentation showing significant changes in the physical examination to support repeat studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) BILATERAL UPPER EXTREMITIES: Upheld

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

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

Decision rationale: According to the CA MTUS ACOEM Practice Guidelines, electromyography (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, the ACOEM guidelines do not recommend EMG before conservative treatment. In this case, the patient presented with symptoms of possible radiculopathy. EMG/NCV of bilateral upper extremities done last December 19, 2012 was reported to show normal results. The progress notes from December 18, 2013 reported constant bilateral shoulder, wrist, and hand pain with numbness into the fingers and weakness of grip. The patient has focal neurologic deficit. However, there is insufficient clinical data to support progression of symptoms. Therefore, the request for electromyography (EMG) bilateral upper extremities is not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) BILATERAL UPPER EXTREMITIES:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 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, 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 the ODG, NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by electromyography (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 radiculopathy, which persisted despite physical therapy. EMG/NCV of bilateral upper extremities done last December 19, 2012 was reported to show normal results. The progress notes from December 18, 2013 reported constant bilateral shoulder, wrist, and hand pain with numbness into the fingers and weakness of grip. However, a comprehensive neurologic examination is not available. In addition, there is insufficient clinical data to support progression of symptoms. Therefore, the request for nerve conduction velocity (NCV) bilateral upper extremities is not medically necessary.