

Case Number:	CM14-0109259		
Date Assigned:	09/16/2014	Date of Injury:	10/30/2013
Decision Date:	11/13/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 39-year-old male with date of injury of 10/30/2013. The listed diagnoses per [REDACTED] from 05/21/2014 are: 1. Cervical radiculopathy, bilateral, right greater than the left; 2. Cervical HNP at C5-C6 and C6-C7; 3. Status post right shoulder surgery. According to this report, the patient complains of increasing pain in his neck that radiates into his right arm. He also states he has throbbing pain in his right shoulder. The patient is status post right shoulder surgery from 04/08/2014 and he states that he has been having increased pain. His current lists of medications include Norco, tramadol ER, naproxen, and Norflex. The examination shows the patient is alert and oriented. The patient has an antalgic gait. Left hand 2nd digit deformity secondary to electrocution at age 3. There is tenderness to palpation over the right side cervical facet and paraspinal muscles. Cervical tenderness to palpation is greater on the right from approximately the C3-C4 to C6-C7 levels. There is a positive bilateral cervical facet joint loading, right side greater than left. Diminished range of motion in the cervical spine secondary to pain. Spurling's test is positive on the right. Sensation is intact in the bilateral upper extremities. Decreased range of motion in all planes of his right shoulder. Biceps, brachioradialis, and triceps reflexes are symmetric and within normal limits. The treating physician references an MRI of the cervical spine from 12/15/2013 that showed C5-C6 2-mm central focal disk protrusion and a 2.6-mm central focal disk protrusion at C6-C7. The documents include and EMG from 06/16/2014, MRI of the right shoulder and cervical spine from 12/15/2013 and an operative report from 04/08/2014. The Utilization Review denied the request on 06/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of both upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter for EDS

Decision rationale: This patient presents with increasing pain in his neck that radiates to his right arm and shoulder, and complains of shoulder pain. The patient is status post right shoulder surgery from 04/08/2014. The treating physician is requesting an EMG of the bilateral upper extremities. The ACOEM Guidelines page 202 states, "Appropriate diagnostic studies (EDS) may help differentiate between CTS and other conditions such as cervical radiculopathy. This may include nerve conduction studies (NCS) or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS, but maybe normal in early or mild cases of CTS. If the EDS is negative, a test maybe repeated later in the course of treatment if symptoms persist." ODG on electrodiagnostic studies (EDS) states that it is recommended as an option after close fracture of distal radius and ulna if necessary to assess nerve injury. ODG further states, "Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), and possibly the addition of electromyography (EMG)." The records show an EMG/NCV performed on 06/16/2014 that showed all nerve conduction studies are within normal limits, all F-wave latencies were within normal limits and all examined muscles showed no evidence of electrical instability. It appears that the treating physician went ahead and had the EMG/NCV done, and this appears to have been denied by utilization review letter from 06/25/2014. The 05/21/2014 report showed positive Spurling's test on the right. Sensation is intact in the bilateral extremities with decreased range of motion in all planes of the right shoulder. In this case, the patient has radicular symptoms for which EMG/NCV studies are indicated. It does not appear that the patient has had EMG/NCV studies prior to 6/25/14. Recommendation is that the request is medically necessary.