

Case Number:	CM14-0010551		
Date Assigned:	02/21/2014	Date of Injury:	12/27/2012
Decision Date:	07/17/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/27/2014

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 Orthopedic Surgery, 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 33-year-old male who has submitted a claim for right shoulder sprain/strain associated with an industrial injury date of December 27, 2012. Medical records from 2013 were reviewed. The patient complained right shoulder pain. Physical examination showed 1+ deep tendon reflexes at the biceps and triceps and left elbow flexion of 135 degrees. An electrodiagnostic study done last June 12, 2013 showed chronic right C6, chronic left C6, and chronic C7 radiculopathy. Treatment to date has included NSAIDs, opioids, anticonvulsants, and muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTION STUDY (NCV) OF THE UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California ACOEM/MTUS does not specifically address nerve conduction studies (NCS), so the Official Disability Guidelines (ODG) were used instead. According to the ODG, NCS is not recommended to demonstrate radiculopathy if radiculopathy

has already been clearly identified by EMG and obvious clinical signs; however, it is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the patient presented with symptoms of possible persistent radiculopathy. However, recent physical examination findings are not compatible with neuropathy. In addition, an electrodiagnostic study done last June 12, 2013 showed chronic radiculopathy. There were no reports of peripheral neuropathy symptoms, significant changes, and progression of the patient's condition. Therefore, the request for nerve conduction velocity (NCV) of the upper extremities is not medically necessary.

ELECTROMYOGRAPHY (EMG) OF THE UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-213.

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

Decision rationale: According to page 238 of the ACOEM 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 persistent radiculopathy. However, recent physical examination findings are not consistent with radiculopathy. In addition, an electrodiagnostic study done last June 12, 2013 showed chronic radiculopathy. There were no reports of significant changes or progression of the patient's condition. Therefore, the request for electromyography (EMG) of the upper extremities is not medically necessary.

1 HOT AND COLD THERAPY UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 203.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

Decision rationale: The California MTUS does not specifically address cold therapy units, so the Aetna Clinical Policy Bulletin was used instead. Aetna considers the use of hot/ice machines and similar devices experimental and investigational for reducing pain and swelling after surgery or injury. Studies failed to show that these devices offer any benefit over standard cryotherapy with ice bags/packs. In this case, there was no discussion regarding the indication for a cold therapy unit despite it being experimental and investigational. Recent progress notes show no evidence of acute inflammation or that the patient was in a post-operative state. Guidelines do not recommend the use of this device. Therefore, the request for a hot and cold therapy unit is not medically necessary.