Case Number:	CM14-0012510		
Date Assigned:	02/21/2014	**Date of Injury:**	05/25/2012
Decision Date:	07/25/2014	**UR Denial Date:**	01/16/2014
Priority:	Standard	**Application Received:**	01/30/2014

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:

Patient is a 65-year-old female who has submitted a claim for cervical spine musculoligamentous injury with discopathy, cervical spine radiculitis, thoracic musculoligamentous injury without discopathy, and right shoulder impingement syndrome associated with an industrial injury date of May 25, 2012.Medical records from 2013 to 2014 were reviewed. Patient complained of right shoulder pain rated 9/10 in severity, described as burning and tingling sensation radiating to the right arm. Physical examination showed tenderness at the right side of the neck and right trapezius muscle. Range of motion of the right shoulder was restricted. Bilateral wrist extensors muscle strength were graded 4/5. Reflexes were normal. Tinel's sign was positive on the right. Sensation was diminished along the right C5 to C6 dermatomes. MRI of the cervical spine showed multi-level degenerative disc disease with uncovertible osteophytes at C4 to C5, C5 to C6, and C6 to C7 levels. MRI of the right hand, dated September 16, 2013 showed hyperflexion at distal interphalangeal joint and hyperextension at proximal interphalangeal joint of the fifth digit.Treatment to date has included acupuncture, physical therapy, cortisone injection to the right shoulder, use of a TENS unit, splint, and medications.Utilization review from January 16, 2014 denied the requests for EMG/NCV of bilateral upper extremities because the outcome of conservative treatment involving physical therapy and medication management were not specified to support the need for this diagnostic study.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (ELECTROMYOGRAPHY) OF THE RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537.

Decision rationale: CA MTUS ACOEM Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, patient complained of right shoulder pain described as burning and tingling sensation radiating to the right arm. Physical examination showed weakness of bilateral wrist extensors and dysesthesia at right C5 to C6 dermatomes. Clinical manifestations indicate focal neurologic deficit; hence, EMG testing is a reasonable diagnostic procedure. Therefore, the request for EMG of the right upper extremity is medically necessary.

EMG (ELECTROMYOGRAPHY) OF THE UPPER LEFT EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537.

Decision rationale: CA MTUS ACOEM Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, patient complained of right shoulder pain described as burning and tingling sensation radiating to the right arm. Physical examination showed weakness of bilateral wrist extensors and dysesthesia at right C5 to C6 dermatomes. Medical records failed to indicate focal neurologic deficit at the left upper extremity. The medical necessity was not established. Therefore, the request for EMG of the left upper extremity is not medically necessary.

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

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome, Nerve Conduction Studies.

Decision rationale: CA MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as

cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is 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 consistent with radiculopathy. In this case, patient complained of right shoulder pain described as burning and tingling sensation radiating to the right arm. Physical examination showed weakness of bilateral wrist extensors and dysesthesia at right C5 to C6 dermatomes. Medical records failed to indicate neuropathic symptoms of the left upper extremity. The medical necessity was not established. Therefore, the request for NCV of the left upper extremity is not medically necessary.

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

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome, Nerve Conduction Studies.

Decision rationale: CA MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is 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 consistent with radiculopathy. In this case, patient complained of right shoulder pain described as burning and tingling sensation radiating to the right arm. Physical examination showed weakness of bilateral wrist extensors and dysesthesia at right C5 to C6 dermatomes. Clinical manifestations indicate focal neurologic deficit; however, Tinel's sign is likewise positive at the right wrist. NCV is a reasonable diagnostic procedure to delineate between the two separate conditions. Therefore, the request for NCV of the right upper extremity is medically necessary.