

Case Number:	CM14-0015629		
Date Assigned:	03/03/2014	Date of Injury:	04/28/2013
Decision Date:	06/30/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/07/2014

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 who was injured on April 28, 2013 while she was lifting a heavy box. Diagnostic studies performed on August 22, 2013 were reviewed and include NCS of the upper extremity revealed a normal study of the bilateral upper extremities. Upper extremity electromyography revealed a normal study of the bilateral upper extremities. MRI of the left shoulder dated July 19, 2013 demonstrated a partial thickness tear of the humeral surface fibers of the distal supraspinatus tendon, supraspinatus and infraspinatus tendinosis, and no other significant findings were noted. MRI of the left elbow dated July 19, 2013 revealed a common extensor tendinosis (lateral epicondylitis), humeral ulnar and radiocapitellar joint effusions. PR2 dated November 27, 2013 indicated the patient is in with complaints of constant severe pain in the left shoulder radiating pain and numbness into the upper extremity. She has left elbow pain that is constant and severe with swelling to her elbow and arm; constant pain in the lumbar spine with numbness and tingling and left wrist and hand pain with symptoms of pins and needles to the area. On examination, there is tenderness of the lumbar spine from L2 to S1 and multifidus. Kemp's was positive bilaterally. The right hamstrings reflex was decreased as well as the Achilles reflex. There is tenderness to the left shoulder muscles. Codman's test was positive on the left. Speeds test was positive on the left and supraspinatus test was positive on the left. The elbows exhibited tenderness to the left anterior wrist and left thenar eminence. Tinel's (carpal) test was positive on the left; Tinel's (Guyon) test was positive on the left and Bracelet test was positive on the left. Diagnostic impressions are lumbar disc displacement with myelopathy, adhesive capsulitis of the left shoulder, bursitis and tendinitis of the left shoulder, olecranon bursitis of the left elbow, lateral epicondylitis of the left elbow, carpal tunnel syndrome (median nerve entrapment at the left wrist) and tendinitis/bursitis of the left hand/wrist. The treatment and plan include tramadol and Naproxen sodium. There were no

other treatments requested. Prior UR dated 01/20/2014 states the request for EMG of the /NCS of bilateral upper extremity is partially certified as it is only necessary to only study the left upper extremity as there is no evidence to support subjective findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER ON HAND, WRIST, & FOREARM DISORDERS- SECTION ON NON-SPECIFIC HAND, FOREARM AND WRIST PAIN,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 117-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Carpal Tunnel Syndrome, Nerve Conduction Studies, Electromyography

Decision rationale: According to the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, "Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist." According to ODG guidelines, upper extremity EMG may be recommended as an option in select cases in the evaluation of brachial neuritis. This is a request for EMG of the right upper extremity for a 53-year-old female with chronic left shoulder, left elbow and low back pain attributed to a April 28, 2013 lifting injury. On an November 27, 2013 clinic note, there are no right upper extremity complaints. There are no significant right upper extremity findings on examination. There are not right upper extremity diagnoses. Further, the patient underwent bilateral upper extremity EMG/NCV on August 22, 2013, which was normal. The request for an EMG for the bilateral upper extremity is not medically necessary or appropriate.

NERVE CONDUCTION VELOCITY STUDY (NCV) BILATERAL UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS 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 (ODG), Neck, Carpal Tunnel Syndrome, Nerve Conduction Studies, Electromyography

Decision rationale: According to the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, "Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist." According to ODG guidelines, nerve conduction velocity studies are not generally recommended

in the evaluation of suspected cervical radiculopathy. Nerve conduction studies are recommended in the evaluation of suspected carpal tunnel syndrome. This is a request for bilateral upper extremity nerve conduction velocity studies for a 53-year-old female with chronic left shoulder, left elbow and low back pain attributed to a April 28, 2013 lifting injury. On an November 27, 2013 clinic note, there is documentation of constant, burning pain in the left hand and wrist with "pins and needles" sensation. Positive Tinel's signs at the carpal and Guyon tunnels are noted on examination. There are no further symptom details and no other findings consistent with nerve entrapment on examination. There are no right upper symptoms or findings documented. Further, the patient underwent bilateral upper extremity EMG/NCV on August 22, 2013, which was normal. Records do not establish interval worsening by symptoms or examination. The request for an NCV for the bilateral upper extremity is not medically necessary or appropriate.