

Case Number:	CM14-0016446		
Date Assigned:	04/11/2014	Date of Injury:	08/12/2013
Decision Date:	05/29/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/10/2014

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 and Pain Management, 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:

This is a 57 year-old female teacher who was injured on 8/12/13 when she opened a closet in a new classroom and a heavy plastic floor mat that was on top of the closet, fell and hit her on the head, right shoulder and arm. She initially saw [REDACTED], who documented 6/10 headaches and pain in the right shoulder area. She was treated with PT, naproxen, acupuncture and cold/hot packs and CT of the head. By 10/15/13, [REDACTED] wanted a neurology consult, MRI of the shoulder. There are no medical records available from November 2013 which is unfortunate, since there is a 12/3/13 PM&R report from [REDACTED] who performed an Electromyography (EMG) /Nerve Conduction Velocity (NCV) of the bilateral lower extremities for lower back and leg pain making it difficult for the patient to walk. This is the first time, and only time in the records, that there was indication of low back, bilateral hip, ankle and left knee pain. [REDACTED] finds chronic bilateral S1 radiculopathy. On 1/7/14, [REDACTED] states the patient continues with neck and shoulder pain and he does not have authorization for the EMG/NCV upper extremities, he notes the patient did have the electrodiagnostics for the lower extremities. He requests acupuncture, stating the patient only had acupuncture for the neck and right shoulder, but not of other areas. [REDACTED] exam was limited to the cervical spine and right shoulder and the impression was closed head trauma; cervical strain and right shoulder impingement.

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 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 260-262.

Decision rationale: The patient presents with neck and right shoulder pain. The review is for an EMG of the right upper extremity. It is not recommended for the EMG/NCV of the lower extremities, performed on 12/3/13, as there was no indication of a lower back injury and no lower extremity complaints documented, However for the right upper extremity, The MTUS/ACOEM guidelines state:" Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The patient has had neck pain for over 4 weeks, and meets the MTUS/ACOEM criteria for the EMG of the Right Upper Extremities (RUE).

EMG (ELECTROMYOGRAPHY) OF THE LEFT UPPER EXTREMITY: Overturned

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 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 178, 260-262.

Decision rationale: The patient presents with neck and right shoulder pain. The review is for an EMG of the left upper extremity. The MTUS/ACOEM guidelines state:" Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The patient has had neck pain for over 4 weeks, and meets the MTUS/ACOEM criteria for the EMG of the Left Upper Extremities (LUE).

NERVE CONDUCTION STUDIES (NCV or NCS) OF THE RIGHT UPPER EXTREMITY: Overturned

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 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 178, 260-262.

Decision rationale: The patient presents with neck and right shoulder pain. The review is for an NCV of the right upper extremity. The MTUS/ACOEM guidelines state:" Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more

than three or four weeks." The patient has had neck pain for over 4 weeks, and meets the MTUS/ACOEM criteria for the NCV of the RUE.

NERVE CONDUCTION STUDIES (NCV or NCS) OF THE LEFT UPPER EXTREMITY:
Overturned

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 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 260-262.

Decision rationale: The patient presents with neck and right shoulder pain. The review is for an NCV of the left upper extremity. The MTUS/ACOEM guidelines state: "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The patient has had neck pain for over 4 weeks, and meets the MTUS/ACOEM criteria for the NCV of the LUE.

12 SESSIONS OF ACUPUNCTURE TO THE NECK AND RIGHT SHOULDER (3 X 4):
Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with headache and right shoulder pain. She was reported to have had 6 sessions of acupuncture, but the acupuncture notes were not provided for this IMR, and the medical reports do not document any functional improvement. The MTUS acupuncture guidelines state that if acupuncture is to be effective, there should be some evidence of functional improvement within the first 3-6 sessions. The continued acupuncture therapy without documentation of functional improvement is not in accordance with the MTUS/Acupuncture guidelines.