

Case Number:	CM14-0016595		
Date Assigned:	04/11/2014	Date of Injury:	01/10/2011
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, 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 55 year-old male who was injured on 1/10/2011. He has been diagnosed with chronic right shoulder pain with decreased motion; chronic right wrist pain and decreased motion; trapezial strain; right parathoracic strain and possible recurrent carpal tunnel syndrome. According to the 12/6/13 report, the patient presents with right shoulder pain radiating to the right trapezius and into the right scapular area, and also has pain at the right wrist area. Tinels was positive on the right wrist, and the physician suspects recurrent CTS. He requested electrodiagnostics studies of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Decision rationale: According to the 12/6/13 report from [REDACTED], the patient presents with right shoulder pain radiating to the right trapezius and into the right scapular area, and also has

pain at the right wrist area. The 3/25/14 report from [REDACTED] notes Tinels was positive at the right elbow and wrist. The patient underwent carpal tunnel surgery on 8/17/2011, and had right shoulder surgery on 8/7/11 and on 12/10/2012. MTUS/ACOEM guidelines state: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." And states: "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 request for the EMG and NCS of the right upper extremity is in accordance with MTUS/ACOEM guidelines.

NCS UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation MTUS: NERVE CONDUCTION VELOCITIES (NCV), ACOEM 2004- NECK/UPPER BACK CH 8, 178.

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: According to the 12/6/13 report from [REDACTED], the patient presents with right shoulder pain radiating to the right trapezius and into the right scapular area, and also has pain at the right wrist area. The 3/25/14 report from [REDACTED] notes Tinels was positive at the right elbow and wrist. The patient underwent carpal tunnel surgery on 8/17/2011, and had right shoulder surgery on 8/7/11 and on 12/10/2012. MTUS/ACOEM guidelines state: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." And states: "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 request for the EMG and NCS of the right upper extremity is in accordance with MTUS/ACOEM guidelines.