MAXIMUS Federal Services

Case Number:	CM14-0112963		
Date Assigned:	08/01/2014	Date of Injury:	05/18/2012
Decision Date:	09/22/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/18/2014

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 Surgeon, has a subspecialty in Hand Surgeon and is licensed to practice in Texas and Georgia. 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 injured worker is a 71-year old male who reported an injury on 05/18/2012. The mechanism of injury was not indicated. The injured worker had diagnoses including complications due to internal orthopedic device and closed fracture of surgical neck of humerus. Past treatment included 12 sessions of physical therapy. Diagnostic studies included an electromyography and nerve conduction study which revealed changes consistent with carpal tunnel symptoms, cubital and guyon's canal ulnar slowing. The records noted that the injured worker has undergone an open reduction internal fixation surgery, and left knee and right foot surgery. The injured worked reported on 05/07/2014 that that he had some improvement in the level of left shoulder and upper extremity pain. The physical examination findings included left shoulder tenderness anteriorly to the left shoulder. The injured worker had decreased range of motion with abduction to 60 degrees and forward flexion to 70 degrees. The exam also revealed decreased motor strength to 2/5 in abduction. The injured worker had recognizable deltoid atrophy and a sulcus sign at rest with some crepitus in the subcromial space. The physician indicated after reviewing the elctrodiagnostic studies, it was noted there was no specific mention of the findings at the deltoid, which was the primary reason for the testing. Medications included pravastatin 40 mg take 1 tablet by mouth every evening, vitamin K by mouth, vitamin D 2000 units take by mouth, triamcinolone 01% cream 1 application to affected areas twice daily as needed, cholecaiferol 4000 units take 1 tablets by mouth daily, levothy 75mcg take 1 tablets by mouth daily and freestyle lite strips 1 strip daily test two times a day every other day. The physician was requesting repeat testing to address the deltoid (axillary nerve). The request for authorization form was not included within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2013, Forearm, Wrist and Hand, Electrodiagnostic studies (EDS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for electromyography of the left upper extremity is not medically neccessary. The California MTUS/ACOEM guidelines state in cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. Per the provided documentation an EMG/NCV was performed on 05/20/2014 which revealed changes consistent with carpal tunnel symptoms, cubital and guyon's canal ulnar slowing. The physician indicated the prior electrodiagnostic testing did not address the deltoid muscle and the axillary nerve; however, the electrodiagnostic study report indicates the deltoid muscle and axillary nerve were assessed and were found to be normal upon testing. Given that the testing does include the areas which the physician indicated needed clarification, additional electrodiagnostic testing would not be indicated. There is a lack of documentation indicating any significant changes in the injured worker's presentation since the prior study. As such the request for the electromyography of the left upper extremity in not medically necessary.

NCV of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2013, Forearm, Wrist and Hand, Electrodiagnostic studies (EDS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for NCV of the left upper extremity is not medically necessary. The California MTUS/ACOEM guidelines state in cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. Per the provided documentation an EMG/NCV was performed on 05/20/2014 which revealed changes consistent with carpal tunnel symptoms, cubital and guyon's canal ulnar slowing. The physician indicated the prior electrodiagnostic testing did not address the deltoid muscle and the axillary nerve; however, the electrodiagnostic study report indicates the deltoid muscle and axillary nerve were assessed and were found to be normal upon testing. Given that the testing does include the areas which the physician indicated needed clarification, additional electrodiagnostic testing would not be indicated. There is a lack of documentation indicating any

significant changes in the injured worker's presentation since the prior study. As such the request for the NCV of the left upper extremity in not medically necessary.