Case Number:	CM14-0113159		
Date Assigned:	09/16/2014	**Date of Injury:**	02/01/2005
Decision Date:	11/05/2014	**UR Denial Date:**	07/07/2014
Priority:	Standard	**Application Received:**	07/21/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 49-year-old female who reported an injury on 02/01/2005. The mechanism of injury was repetitive reaching and typing at work. She is diagnosed with cervical spine pain with right upper extremity symptoms, right lateral epicondylitis, status post right shoulder arthroscopic subacromial decompression and rotator cuff debridement; tear of the right shoulder supraspinatus tendon and tendinopathy of infraspinatus tendon, left shoulder pain, cervical pain with right upper extremity symptoms, right medial and lateral elbow pain, and bilateral wrist/hand pain. Her past treatments were noted to have included physical therapy, home exercise program, activity modification, splinting, corticosteroid injections, NSAIDS, muscle relaxants and opioid pain medications. Her surgical history included right shoulder surgery, right lateral epicondylar repair, and bilateral carpal tunnel releases, and ring/long triggers release. On 06/11/2014, the injured worker presented with complaints of pain in her right shoulder, left shoulder, cervical spine with radiation to the right upper extremity, right elbow, and right hand and wrist. Her objective findings included limited range of motion in the right shoulder, deconditioning of the right deltoid musculature, limited painful range of motion to the cervical spine, and spasm of the cervical trapezius and deltoid muscles. Her medications were noted to include hydrocodone, an unspecified NSAID, an unspecified proton pump inhibitor, and Orphenadrine. The treatment plan included a steroid injection to the right elbow as this treatment had previously decreased her pain and improved her tolerance to activity, continue acupuncture, physical therapy for the right shoulder, updated EMG/NCV studies of the bilateral upper extremities due to her right upper extremity neurologic component which has gradually increased, and medication refills. A request was received for electromyogram of the bilateral upper extremities, nerve conduction velocity testing of the bilateral upper extremities, and steroid injection to the right elbow. The Request for Authorization Form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) of Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

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 & upper back, Nerve conduction studies (NCS).

Decision rationale: According to the California MTUS/ACOEM Guidelines, electromyography and nerve conduction velocities may help identify subtle, focal neurological dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. The clinical information submitted for review indicates that the injured worker has failed an appropriate course of conservative care and has complaints of neck pain with radiating symptoms in the right upper extremity. However, she was not shown to have any symptoms into the left upper extremity. Additionally, there were no physical examination findings suggestive of radiculopathy noted within the 06/11/2014 clinical note. In the absence of significant, yet subtle, neurological deficits and evidence of radiculopathy on physical examination, and in the absence of symptoms in the left upper extremity, the request for electromyography of therapy bilateral upper extremities is not supported. As such, the request of Electromyogram (EMG) of Bilateral Upper Extremities is not medically necessary and appropriate.

Nerve Conduction Velocity (NCV) testing of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

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

Decision rationale: According to the California MTUS/ACOEM Guidelines, electrodiagnostic studies may be indicated to clearly identify subtle, neurological dysfunction for patients with neck and arm symptoms lasting more than 3 or 4 weeks. More specifically, the Official Disability Guidelines state that nerve conduction studies are not recommended to demonstrate radiculopathy when radiculopathy has been clearly identified by EMG and obvious clinical signs, but may be recommended if the EMG is not clearly radiculopathy or clearly negative. The clinical information submitted for review indicated that the injured worker had failed conservative treatment and had reports of neck pain with radiating symptoms into the right upper extremity. However, there was no documentation showing radiating symptoms into the left upper extremity. Additionally, the physical examination failed to include evidence of neurologic dysfunction as there was no documentation of decreased motor strength or sensation in either extremity in a specific or nonspecific pattern. Additionally, as nerve conduction studies are not

recommended unless EMG failed to show clear signs of radiculopathy or to be clearly negative, as the injured worker has not yet had the EMG, the NCV would also not be supported. For the reasons noted above, the request of Nerve Conduction Velocity (NCV) testing of the Bilateral Upper Extremities is not medically necessary and appropriate.

Steroid Injection to the Right Elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chronic Pain, Steroid Injection and Elbow Injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 30-33.

Decision rationale: According to the California MTUS/ACOEM Guidelines, corticosteroid injections may be recommended after 4 to 6 weeks of conservative measures and subsequent injections should be supported by objective improvement. The clinical information submitted for review indicated that the injured worker had tried and failed an adequate course of conservative treatment. Additionally, the documentation indicated that the recommended steroid injection had been recommended as a previous injection had decreased the injured worker's pain and improved her tolerance to activity. However, the outcome after previous injections was not verified with objective evidence of pain relief, evidenced by numeric pain scales before and after the injection. Additionally, there was no documentation showing objective functional improvement following previous injection. In the absence of objective evidence of improvement from previous injections, a repeat injection is not supported. As such, the request of Steroid Injection to the Right Elbow is not medically necessary and appropriate.