

Case Number:	CM14-0125561		
Date Assigned:	08/11/2014	Date of Injury:	02/19/2014
Decision Date:	09/23/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 55-year-old female who reported an injury on 02/19/2014. The mechanism of injury was not provided for clinical review. The diagnoses included cervicothoracic strain/arthrosis with possible narrow encroachment, bilateral shoulder impingement syndrome with AC (acromioclavicular) joint arthrosis on the right, and possible bilateral rotator cuff tear, bilateral elbow epicondylitis, possible bilateral carpal tunnel and/or cubital tunnel syndrome, bilateral de Quervain's tenosynovitis, lumbosacral strain/arthrosis with possible neural encroachment. Previous treatments included medication, physical therapy. Within the clinical note dated 06/05/2014, it was reported the injured worker complained of depression and stress due to her work related injury. She complains of upper bilateral extremity pain. Upon the physical examination, the provider noted the bilateral shoulders revealed a positive Hopkins test bilaterally, positive Neer's test bilaterally, positive cross body adduction movement bilaterally. The provider noted the injured worker had full range of motion with active assist bilaterally. The injured worker had a positive handshake test bilaterally, positive Tinel's. The provider requested an electromyography of both upper extremities, electromyography of both lower extremities, nerve conduction study of both upper and lower extremities, and Prilosec. However, a rationale was not provided for the clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of both upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 178, 303. Decision based on Non-MTUS Citation Official Disability Guidelines- lumbar and thoracic.

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

Decision rationale: The request for an electromyography of both upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines recommend an electromyography in cases of peripheral nerve impingement. If no improvement or worsening has occurred within 4 to 6 weeks, electrical studies may have been indicated. The guidelines also note for most patients presenting with a true hand or wrist problem, special studies are not needed until after a 4 to 6 week period of conservative care/observation. Most patients improve quickly provided red flag conditions are ruled out. There is lack of documentation indicating the injured worker had muscle weakness and numbness, which would indicate peripheral nerve impingement. There is lack of documentation indicating the injured worker tried and failed at least 4 to 6 weeks of conservative therapy. There is a lack of significant neurological deficit such as decreased sensation or motor strength in a specific myotomal or dermatomal distribution. Therefore, the request is not medically necessary.

Electromyography of both lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 178, 303. Decision based on Non-MTUS Citation Official Disability Guidelines- lumbar and thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for an electromyography of both lower extremities is not medically necessary. The California MTUS/ACOEM Guidelines note electromyography, including H reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. There is lack of significant neurological deficit such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. Therefore, the request is not medically necessary. The Official Disability Guidelines note electrodiagnostic studies are recommended in patients with clinical signs of carpal tunnel syndrome, who may be candidates for surgery. Electrodiagnostic testing includes testing of the nerve conduction velocities, but the addition of electromyography is not generally necessary. In general, carpal tunnel syndrome should be approved by positive findings on clinical examination, and should be supported by nerve conduction tests before surgery is undertaken. Mild carpal tunnel syndrome with normal studies include nerve conduction studies. In most difficult cases, electromyography may be helpful. Nerve conduction studies and electromyography can confirm the diagnosis of carpal tunnel syndrome, but may be normal in early or mild cases of carpal tunnel syndrome. The clinical documentation submitted indicated the injured worker is already diagnosed with bilateral carpal tunnel syndrome. There is lack of

documentation indicating the injured worker had significant neurological deficits such as decreased sensation or motor strength. Therefore, the request is not medically necessary.

Nerve Conduction Study (NCS) of both upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 178, 303. Decision based on Non-MTUS Citation Official Disability Guidelines- lumbar and thoracic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel, Electrodiagnostic studies (EDS).

Decision rationale: The request for a Nerve Conduction Study of both upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines note 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. In addition The Official Disability Guidelines do not recommend a NCV to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. There is lack of significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. The provider failed to document an adequate and complete physical examination of the lower extremities. Therefore, the request is not medically necessary.

Nerve conduction study (NCS) of both lower extremities:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 178, 303. Decision based on Non-MTUS Citation Official Disability Guidelines- lumbar and thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 17-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve conduction studies (NCS).

Decision rationale: The request for a nerve conduction study of both lower extremities is not medically necessary. The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when patient is already presumed to have symptoms on the basis of radiculopathy. There is lack of significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. The provider failed to document an adequate and complete physical examination of the lower extremities. Therefore, the request is not medically necessary.

Prilosec 20mg, #60 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Prilosec 20 mg #60 with 1 refill is not medically necessary. The California MTUS Guidelines note proton pump inhibitors such as Prilosec are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. Risk factors for gastrointestinal events include over the age of 65, history of peptic ulcer, gastrointestinal bleed or perforation, use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. In addition, there is lack of clinical documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.