

<b>Case Number:</b>	CM14-0135414		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 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 case involves a 59-year-old male who has submitted a claim for left shoulder sprain/strain, left shoulder adhesive capsulitis, and left rotator cuff syndrome associated with an industrial injury date of January 17, 2014. Medical records from 2014 were reviewed, which showed that the patient complained of bilateral shoulder pain with no radiation to the upper extremities and no associated tingling/numbness, weakness, and bowel/bladder incontinence. The patient also had right wrist pain. Examination of the cervical spine revealed limited cervical spine ROM in flexion, extension, lateral rotation and lateral bending with no increase in concordant pain in any planes. Motor strength was 5/5 bilateral upper extremities except 4/5 right grip strength. Sensation was diminished along the right C5, C6, C7, and C8 dermatomes. DTRs were 2++ right triceps, 2++ left triceps, 2++ right biceps, 2+ left biceps, and 2+ bilateral brachioradialis. The right wrist had full ROM and the right shoulder had tenderness SA and SD, left post shoulder and limited ROM in all planes. Rotator cuff test was positive bilaterally. An MRI of the right wrist showed TFCC tear. AN MRI of the shoulder dated 6/20/14 revealed supraspinatus and infraspinatus tendinosis with no visible tear. MRI of the left shoulder on the same date revealed bursitis, tendinitis, and impingement with no cuff tear or labral tear. Treatment to date has included medications, chiropractic therapy, home exercises and physical therapy. Utilization review from August 14, 2014 denied the request for EMG/NCS - bilateral upper extremities and acupuncture x 6 sessions - bilateral shoulders and right wrist. The EMG/NCS was denied because there was no evidence of either a failed three-to four- week period of conservative care and observation or presence of any red-flag conditions. The reason for the denial of acupuncture sessions was not mentioned.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS - Bilateral Upper Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment of Workers' Compensation: Disability Duration Guidelines Carpal Tunnel Syndrome (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 238; 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Electromyography; Carpal tunnel, Electromyography Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

**Decision rationale:** According to page 261-262 of the CA MTUS ACOEM Practice Guidelines, appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. According to the Official Disability Guidelines (ODG), an EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS). In more difficult cases, needle electromyography (EMG) may be helpful as part of electrodiagnostic studies which include nerve conduction studies (NCS). A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. The guidelines do not recommend EMG before conservative treatment. In this case, patient complained of bilateral shoulder pain with no radiation to the upper extremities and any associated tingling /numbness sensation. Physical examination showed weak right grip strength. Sensation was diminished at right C5 to C8 dermatomes. Clinical manifestations were not consistent with focal neurologic deficit to warrant EMG. There were likewise no symptoms of peripheral neuropathy to warrant NCV. Moreover, there was no significant objective finding to the left upper extremity to warrant electrodiagnostic study. Therefore, the request is not medically necessary.

**Acupuncture x 6 sessions - Bilateral Shoulders and Right Wrist: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to the CA MTUS Acupuncture Medical Treatment Guidelines, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an

adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, the records do not show that the patient had prior acupuncture therapy. The patient also had physical therapy. The requested number of visits is within the recommended prescriptions. The patient may benefit from the requested service. Therefore, the request for Acupuncture x 6 sessions - bilateral shoulders and right wrist is medically necessary.