

Case Number:	CM14-0164542		
Date Assigned:	10/09/2014	Date of Injury:	09/26/2013
Decision Date:	11/19/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/07/2014

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 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 43 year-old male Fuel Truck Driver sustained an injury to his right shoulder on 9/26/13 from pulling a fuel hose while employed by [REDACTED]. Request(s) under consideration include EMG of the left upper extremity, NCV of the right upper extremity, NCV of the left upper extremity, and EMG of the right upper extremity. The patient was initial evaluated at an occupational clinic with x-rays and was given anti-inflammatory medication with 4 days of rest. Conservative care has included medications, therapy (8 sessions), and modified activities/rest. MRI of left shoulder on 10/25/13 showed rotator cuff tear. The patient also had EMG studies done post orthopedic consultation with findings of right hand carpal tunnel syndrome. The patient subsequently underwent rotator cuff repair; right elbow ulnar release and right carpal tunnel release with post-op therapy of at least 24 sessions. Report of 8/26/14 noted patient with ongoing chronic right shoulder, right elbow, and right hand complaints with shoulder pain radiating to neck and down biceps; elbow with pain during lifting with associated numbness; and right hand with intermittent pain, weakness, and numbness. There is past medical history of hypothyroid disorder and hypertension. Current medications list Synthroid, Prevacat, Felodipine, Atenolol, and aspirin. Exam of shoulder showed well-healed scars on right; limited diffuse range with flex/abd of 130/95 degrees with ER/IR of 60 degrees; no painful arc on resisted abduction; no myofascial tenderness or supraspinatus tenderness; negative provocative shoulder tests of apprehension, impingement, drop arm, etc.. testing; right elbow with well-healed scar and full range of motion; no tenderness in palpation throughout with negative provocative testing of Tinel's and tennis elbow and flexion testing; right Carpal tunnel incision well-healed with normal full range in all wrists planes; no tenderness on palpation; and negative Tinel's, Phalen's, Finkelstein's testing with intact sensation throughout all dermatomes; 5/5 motor strength in bilateral upper extremity muscles and brisk DTRs. Diagnoses were s/p

right shoulder arthroscopy, s/p Right cubital tunnel release, and right CTR on 2/7/14. Treatment included updated MRIs and electrodiagnostic testing with PT referral. The request(s) for EMG of the left upper extremity, NCV of the right upper extremity, NCV of the left upper extremity, and EMG of the right upper extremity were non-certified on 9/22/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Elbow updated 05/15/2014 Carpal Tunnel Syndrome Electromyography (EMG) (pain)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: This 43 year-old male Fuel Truck Driver sustained an injury to his right shoulder on 9/26/13 from pulling a fuel hose while employed by [REDACTED]. Request(s) under consideration include EMG of the left upper extremity, NCV of the right upper extremity, NCV of the left upper extremity, and EMG of the right upper extremity. The patient was initially evaluated at an occupational clinic with x-rays and was given anti-inflammatory medication with 4 days of rest. Conservative care has included medications, therapy (8 sessions), and modified activities/rest. MRI of left shoulder on 10/25/13 showed rotator cuff tear. The patient also had EMG studies done post orthopedic consultation with findings of right hand carpal tunnel syndrome. The patient subsequently underwent rotator cuff repair; right elbow ulnar release and right carpal tunnel release with post-op therapy of at least 24 sessions. Report of 8/26/14 noted patient with ongoing chronic right shoulder, right elbow, and right hand complaints with shoulder pain radiating to neck and down biceps; elbow with pain during lifting with associated numbness; and right hand with intermittent pain, weakness, and numbness. There is past medical history of hypothyroid disorder and hypertension. Current medications list Synthroid, Prevacat, Felodipine, Atenolol, and aspirin. Exam of shoulder showed well-healed scars on right; limited diffuse range with flex/abd of 130/95 degrees with ER/IR of 60 degrees; no painful arc on resisted abduction; no myofascial tenderness or supraspinatus tenderness; negative provocative shoulder tests of apprehension, impingement, drop arm, etc.. testing; right elbow with well-healed scar and full range of motion; no tenderness in palpation throughout with negative provocative testing of Tinel's and tennis elbow and flexion testing; right Carpal tunnel incision well-healed with normal full range in all wrists planes; no tenderness on palpation; and negative Tinel's, Phalen's, Finkelstein's testing with intact sensation throughout all dermatomes; 5/5 motor strength in bilateral upper extremity muscles and brisk DTRs. Diagnoses were s/p right shoulder arthroscopy, s/p Right cubital tunnel release, and right CTR on 2/7/14. Treatment included updated MRIs and electrodiagnostic testing with PT referral. The request(s) for EMG of the left upper extremity, NCV of the right upper extremity, NCV of the left upper extremity, and EMG of the right upper extremity were non-certified on 9/22/14. Per MTUS Guidelines,

without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for EMG has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy, only with continued diffuse pain, intact motor strength, sensation without specific consistent myotomal or dermatomal correlation to support for the electrodiagnostics. There was no documented failed conservative trial for this chronic injury without new injury or acute changed findings. The EMG of the left upper extremity is not medically necessary.

NCV of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Elbow updated 05/15/2014 Carpal Tunnel Syndrome Electromyography (EMG) (pain)

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only with continued diffuse pain, intact motor strength, and diffuse decreased sensation without specific consistent myotomal or dermatomal correlation to support for the electrodiagnostics. There was no documented failed conservative trial for this chronic injury without new injury or acute changed findings. Submitted reports have intact sensation, motor strength, and DTRs without any significant provocative positive testing. The NCV of the right upper extremity is not medically necessary.

NCV of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Elbow updated 05/15/2014 Carpal Tunnel Syndrome Electromyography (EMG) (pain)

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EMG of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Elbow updated 05/15/2014 Carpal Tunnel Syndrome Electromyography (EMG) (pain)

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