

Case Number:	CM14-0174723		
Date Assigned:	10/28/2014	Date of Injury:	01/22/2014
Decision Date:	12/10/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/22/2014

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 Family Medicine 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 is a 51 year old male patient who sustained a work related injury on 01/22/2014. He sustained the injury while unloading and pulling a carpet roll with assistance of a coworker, the carpet roll rolled down and came towards the patient. The current diagnosis includes right shoulder and arm sprain. Per the doctor's note dated 9/9/14, the patient had complaints of pain over the right shoulder, elbow and wrist/hand with tingling, numbness and weakness. Physical examination revealed no change since the last visit on 8/12/14. Per the doctor's note dated 8/12/14, physical examination revealed decreased right shoulder range of motion, negative drop arm test; pain to palpation of the right medial epicondyle, negative Tinel's at the right elbow, decreased range of motion; bilateral wrists- pain to palpation on the right wrist with swelling, negative Tinel's, Phalen's and Finkelstein tests bilaterally. The current medication list includes naproxen. He has had a right shoulder and right arm X-rays dated 8/19/14 with normal findings. He has had electro-diagnostic studies for the upper extremities on 4/30/14 which revealed mild right carpal tunnel syndrome. He has had physical therapy visits for this injury. He has had a urine drug screen on 8/12/14 with negative results.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG NCS BUE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178;601-602;261.

Decision rationale: The ACOEM guidelines cited below, recommend "Electromyography (EMG) study if cervical radiculopathy is suspected as a cause of lateral arm pain, and that condition has been present for at least 6 weeks.- Nerve conduction study and possibly EMG if severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely, and there is a failure to respond to conservative treatment." Per the records provided patient is having neurological symptoms in the right upper extremity-pain with tingling, numbness and weakness. Patient has already had electrodiagnostic studies for the upper extremities on 4/30/14 which revealed mild right carpal tunnel syndrome. Significant changes in patient's condition since last EMG/NCS that would require repeat EMG/NCS of the upper extremity is not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. The medical necessity of EMG/NCS of bilateral upper extremities is not fully established for this patient.