

Case Number:	CM14-0181529		
Date Assigned:	11/06/2014	Date of Injury:	08/29/2013
Decision Date:	12/11/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/31/2014

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 42 year old female patient who sustained a work related injury on 08/29/2013. She sustained the injury when a box fell causing her arm to twist. The current diagnoses include C4-C5, C5-C6, C6-C7 small disc herniations, cervical sprain with radicular symptoms, left carpal tunnel syndrome, left elbow strain with avulsion fracture, left shoulder rotator cuff tear, left shoulder strain, left wrist sprain and status post left shoulder arthroscopy with subacromial decompression and rotator cuff repair. Per the doctor's note dated 9/17/14, the patient had complaints of the shoulder pain radiated into the chest and into the left side of the neck; neck pain bilaterally with radiation to the left shoulder, numbness in the left hand and sleep disturbance due to pain. Physical examination revealed shoulder range of motion-flexion 160 degrees on the right and 70 degrees on the left, abduction 150 degrees on the right and 45 degrees on the left, internal rotation 45 degrees on the right and 20 degrees on the left, and external rotation on the right 60 degrees and 0 degrees on the left; limited motion of the left shoulder. The current medication list includes norco and colace. She has had MRI of the left shoulder dated 1/24/14 which revealed moderate-sized full thickness tear of the mid-portion of the supraspinatus tendon with no significant retraction of the tendon or atrophy of the belly of the supraspinatus muscle, a small effusion within the subacromial bursa and degenerative changes at the left acromiocalvicular joint associated with mild hypertrophic changes on its inferior aspect; EMG/NCV of the bilateral upper extremities dated 2/3/14 which revealed electrodiagnostic evidence of a mild severity left median neuropathy at the wrist consistent with carpal tunnel syndrome, no evidence of cervical radiculopathy, brachial plexopathy, myopathy or any other mononeuritis (ulnar, radial) on the left upper extremity; cervical spine MRI dated 8/22/14 which revealed central disc herniation at C4-5, C5-6 and C6-7 and mild narrowing of left neural foramen at C3-4. She has undergone a left shoulder arthroscopy with extensive debridement,

subacromial decompression, androtator cuff repair on 05/06/14; appendectomy in 2001 and tubal ligation in 1995. She has had 12 subsequent physical therapy sessions and Dynasplint use.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178; 261 TABLE 11-7.

Decision rationale: Per the ACOEM guidelines cited below "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." In addition per the cited guidelines "- 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."Patient has already had electrodiagnostic studies of the upper extremities on 2/3/14 which revealed electrodiagnostic evidence of a mild severity left median neuropathy at the wrist consistent with carpal tunnel syndrome, no evidence of cervical radiculopathy, brachial plexopathy, myopathy or any other mononeuritis (ulnar, radial) on the left upper extremity.Significant changes in patient's condition since last EMG/NCS that would require a repeat EMG/NCS of the left 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 left upper extremity is not fully established for this patient. Therefore the request is not medically necessary.