

<b>Case Number:</b>	CM14-0020311		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Texas. 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 31 year old female who reported an injury on 05/06/2013 secondary to repetitive movement. The clinical note dated 04/14/2014 reported the injured worker complained of right elbow and wrist pain radiating to her shoulder and neck with weakness, numbness and tingling that wakes her from sleep. She also reportedly stated she had difficulty writing and decreased grip. The physical examination, of the cervical spine, revealed tenderness to palpation over the paravertebral muscles with spasms present and decreased sensation in the bilateral median nerve distributions with restricted range of motion. The anterior shoulders were tender to palpation with restricted range of motion bilaterally and a positive impingement sign on the right. The lateral elbow was tender to palpation with a Cozen's lateral epicondyle test positive on the right. There was tenderness to palpation over the fingers bilaterally with a positive Finkelstein's test positive on the right. The diagnoses included cervical sprain, shoulder impingement, lateral epicondylitis and carpal tunnel syndrome. The treatment plan included recommendations for MRI, EMG/NCV, chiropractic care and continued medication regimen of Medrox, Naproxen, Omeprazole, and Orphenadrine. It was reported in a clinical note dated 01/09/2014 the injured worker underwent an EMG/NCV of the upper extremities in 2013, as well as, previous treatment to include approximately 16 sessions of physical therapy, approximately six sessions of acupuncture and two cortisone injections, one in the right elbow and a second in the right wrist. The request for authorization was submitted on 04/14/2014. The request for EMG/NCV was due to injured workers worsening pain to the right upper extremity with weakness, numbness and tingling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPEAT EMG ON THE LEFT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

**Decision rationale:** The request for Repeat EMG on the Left Upper Extremity is non-certified. The injured worker has a history of right elbow and wrist pain radiating to her shoulder and neck with weakness, numbness and tingling which has been treated with physical therapy, acupuncture, medications wrist splints. The ACOEM Guidelines state Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The guidelines also state special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. The clinical information, submitted for review, documented the injured worker had participated in conservative care, to include approximately 16 sessions of physical therapy, however, the information failed to provide details regarding objective functional gains made and the most recent clinical note provided failed to show evidence of current functional deficits. In addition, The clinical information provided stated the injured worker has had radiating pain with numbness and tingling since approximately 09/2013 and has undergone a previous EMG in 2013. However, the results of the previous EMG was not provided for review and there are no documented reasons to warrant an additional study. Therefore, the request for Repeat EMG on the Left Upper Extremity is not medically necessary.

**REPEAT NCV ON THE LEFT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

**Decision rationale:** The request for Repeat NCV on the Left Upper Extremity is non-certified. The injured worker has a history of right elbow and wrist pain radiating to her shoulder and neck with weakness, numbness and tingling which has been treated with physical therapy, acupuncture, medications wrist splints. The ACOEM Guidelines state Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The guidelines also state special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. The Official Disability Guidelines state nerve conduction studies are not recommended for low back pain and there is minimal justification for performing nerve conduction studies when a patient is presumed to have

symptoms on the basis of radiculopathy. The clinical information, submitted for review, documented the injured worker had participated in conservative care, to include approximately 16 sessions of physical therapy, however, the information failed to provide details regarding objective functional gains made and the most recent clinical note provided failed to show evidence of current functional deficits. In addition, the clinical information stated the injured worker had symptoms of radiculopathy to include radiating pain with numbness and tingling since approximately 09/2013 and has undergone a previous NCV. However, the results of the previous NCV was not provided for review and there are no documented reasons to warrant an additional study. Therefore, the request for Repeat NCV on the Left Upper Extremity is not medically necessary.

**MRI ON THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The request for MRI on the Right Shoulder is non-certified. The injured worker has a history of right elbow and wrist pain radiating to her shoulder and neck with weakness, numbness and tingling which has been treated with physical therapy, acupuncture, medications wrist splints. The ACOEM Guidelines state for most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. The clinical information, submitted for review, stated the injured worker had undergone approximately 16 sessions of physical therapy, however, the therapy was focused on the injured worker's wrist. In addition, there was a lack of documentation regarding the injured worker had any objective functional improvement with the acupuncture treatment. As such, there is no documentation the injured worker has completed a four to six week period of conservative care directed for her shoulder complaints to warrant this request. Furthermore, there is a lack of documentation of a nondiagnostic plain film radiograph. Therefore, the request for MRI on the Right Shoulder is not medically necessary.