

Case Number:	CM14-0021898		
Date Assigned:	05/02/2014	Date of Injury:	08/06/2010
Decision Date:	07/18/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/19/2014

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, has a subspecialty in Pain Management, 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:

The patient is a 53-year-old with a date of injury of August 6, 2010. The listed diagnoses per ■■■ are right shoulder and bicipital tendon pain and pain of bilateral hands. According to the progress report July 12, 2013 by ■■■, the patient presents with right shoulder, right elbow, and bilateral hand complaints. She continues to have pain in her right shoulder and bicipital tendons and she reports that she is supposed to get an MRI of the shoulder. Patient also complains of pain in both hands with sensation of tingling, numbness, swelling, and loss of dexterity. Recommendation is for EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral shoulders and an MRI. On January 8, 2014, treater reported patient is "still having multiple complaints." She is still waiting for MRI of the right shoulder and bilateral EMG and NCV. It was noted the patient has decrease in ROM (range of motion) and pain in the right elbow. There is decreased sensation in the fingers in both hands. This report is handwritten and partially illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY RIGHT SHOULDER: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Complaints Chapter of the ACOEM Practice Guidelines, 2nd Edition - 2008 Revision, pages 561 - 563, and the Official Disability Guidelines, Pain Chapter, Electrodiagnostic Testing Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy.

Decision rationale: This patient presents with chronic shoulder, elbow, and hand pain. The treating physician is requesting an EMG of the shoulders as the patient continues to have decreased range of motion with pain and numbness, swelling and tingling in both hands. Utilization review January 21, 2014 denied the request stating medical records failed to provide objective findings and physical exam in relation to the requested procedures. The Shoulder Complaints Chapter of the ACOEM Practice Guidelines states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. In this case, the patient presents with continued numbness and tingling in her hands. Review of the reports does not show that this patient has had an EMG. Given the patient's radicular symptoms, a set of EMG are reasonable. The request for an EMG of the right shoulder is medically necessary and appropriate.

ELECTROMYOGRAPHY LEFT SHOULDER: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Complaints Chapter of the ACOEM Practice Guidelines, 2nd Edition - 2008 Revision, pages 561 - 563, and the Official Disability Guidelines, Pain Chapter, Electrodiagnostic Testing Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy.

Decision rationale: This patient presents with shoulder, elbow, and hand complaints. The treating physician is requesting electromyography for the left shoulder. This patient presents with chronic shoulder, elbow, and hand pain. The treating physician is requesting an EMG of the shoulders as the patient continues to have decreased range of motion with pain and numbness, swelling and tingling in both hands. Utilization review January 21, 2014 denied the request stating medical records failed to provide objective findings and physical exam in relation to the requested procedures. The Shoulder Complaints Chapter of the ACOEM Practice Guidelines states that electrodiagnostic studies may help differentiate between CTS (carpal tunnel syndrome) and other conditions such as cervical radiculopathy. In this case, the patient presents with continued numbness and tingling in her hands. Review of the reports does not show that this patient has had EMG. Given the patient's radicular symptoms, a set of EMG are reasonable. The request for an EMG of the left shoulder is medically necessary and appropriate.

NERVE CONDUCTION VELOCITY RIGHT SHOULDER: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Complaints Chapter of the ACOEM Practice Guidelines, 2nd Edition - 2008 Revision, pages 561 - 563, and the Official Disability Guidelines, Pain Chapter, Electrodiagnostic Testing Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) . ACOEM Guidelines page 206 states that electro diagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy.

Decision rationale: This patient presents with shoulder, elbow, and hand complaints. The treating physician is requesting a Nerve Conduction Velocity study of the right shoulder. Utilization review January 21, 2014 denied the request stating medical records failed to provide objective findings and physical exam in relation to the requested procedures. The Shoulder Complaints Chapter of the ACOEM Practice Guidelines states that electro diagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. ODG guidelines has the following regarding EDX and CTS, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electro diagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." In this case, the patient continues with upper extremities symptoms with numbness and tingling in both hands. Medical records indicate the patient has not had a NCV study in the past. The request for an NCV of the right shoulder is medically necessary and appropriate.

NERVE CONDUCTION VELOCITY LEFT SHOULDER: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Complaints Chapter of the ACOEM Practice Guidelines, 2nd Edition - 2008 Revision, pages 561 - 563, and the Official Disability Guidelines, Pain Chapter, Electrodiagnostic Testing Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Guidelines page 206 states that electro diagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. Chronic Pain Medical Treatment.

Decision rationale: This patient presents with shoulder, elbow, and hand complaints. The treating physician is requesting a Nerve Conduction Velocity study of the left shoulder. Utilization review January 21, 2014 denied the request stating medical records failed to provide objective findings and physical exam in relation to the requested procedures. The Shoulder Complaints Chapter of the ACOEM Practice Guidelines states that electro diagnostic studies may help differentiate between CTS (carpal tunnel syndrome) and other conditions such as cervical radiculopathy. ODG guidelines has the following regarding EDX and CTS, "Recommended in patients with clinical signs of CTS who may be candidates for surgery.

Electro diagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." In this case, the patient continues with upper extremities symptoms with numbness and tingling in both hands. Medical records indicate the patient has not had a NCV study in the past. The request for an NCV of the left shoulder is medically necessary and appropriate.