

Case Number:	CM14-0022301		
Date Assigned:	05/09/2014	Date of Injury:	03/19/2013
Decision Date:	07/10/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/21/2014

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 Interventional Spine 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 48 year old female with an injury date of 03/19/13. Based on the 01/29/14 progress report provided by [REDACTED], the patient's diagnoses include the following: 1. Cervical sprain/strain. 2. Left shoulder sprain/strain. 3. Impingement syndrome- left shoulder. 4. Lumbar sprain/strain. The 11/19/13 MRI of the lumbar spine reveals hemangioma of L4 and L4-5 desiccation with a left posterior lateral intraforaminal disc bulge with mild left foraminal narrowing. The 11/27/13 MRI of the left shoulder shows extensive partial-thickness tear distal supraspinatus tendon with surrounding tendinosis. The 12/12/13 MRI of the cervical spine reveals a broad annular bulge slightly more prominent on the left of the midline causing mild left anterior cord impingement and mild to moderate bilateral foraminal narrowing. [REDACTED] is requesting for the following: 1. EMG right upper extremity. 2. NCV right upper extremity. 3. NCV left upper extremity. 4. EMG left upper extremity. The utilization review determination being challenged is dated 02/06/14. [REDACTED] is the requesting provider, and he provided one treatment report from 01/29/14 which was not legible.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Neck and Upper back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: According to the 01/29/14 progress report by [REDACTED], the patient presents with cervical sprain/strain, left shoulder sprain/strain, impingement syndrome- left shoulder, and lumbar sprain/strain. The request is for EMG right upper extremity. The patient has had no previous EMG conducted. For EMG, ACOEM Guidelines page 262 states, "Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. They may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, test may be repeated later in the course of treatment if symptoms persist." An EMG may help the treater pinpoint the cause and location of the patient's symptoms. The request is medically necessary.

NCV RIGHT UPPER EXTREMITY: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: According to the 01/29/14 progress report by [REDACTED], the patient presents with cervical sprain/strain, left shoulder sprain/strain, impingement syndrome- left shoulder, and lumbar sprain/strain. The request is for NCV right upper extremity. The patient has had no previous NCV conducted. For EMG, ACOEM Guidelines page 262 states, "Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. They may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, test may be repeated later in the course of treatment if symptoms persist." A NCV may help the treater pinpoint the cause and location of the patient's symptoms. The request is medically necessary.

NCV LEFT UPPER EXTREMITY: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: According to the 01/29/14 progress report by [REDACTED], the patient presents with cervical sprain/strain, left shoulder sprain/strain, impingement syndrome- left shoulder, and lumbar sprain/strain. The request is for NCV right upper extremity. The patient has had no previous NCV conducted. For EMG, ACOEM Guidelines page 262 states, "Appropriate

electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. They may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, test may be repeated later in the course of treatment if symptoms persist." A NCV may help the treater pinpoint the cause and location of the patient's symptoms. The request is medically necessary.

EMG LEFT UPPER EXTREMITY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Neck and Upper back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: According to the 01/29/14 progress report by [REDACTED], the patient presents with cervical sprain/strain, left shoulder sprain/strain, impingement syndrome- left shoulder, and lumbar sprain/strain. The request is for EMG left upper extremity. The patient has had no previous EMG conducted. For EMG, ACOEM Guidelines page 262 states, "Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. They may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, test may be repeated later in the course of treatment if symptoms persist." An EMG may help the treater pinpoint the cause and location of the patient's symptoms. The request is medically necessary.