

Case Number:	CM14-0025120		
Date Assigned:	06/11/2014	Date of Injury:	05/08/2013
Decision Date:	07/21/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/27/2014

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 Occupational 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 62-year-old male who has reported neck, shoulder, and extremity symptoms after an injury on 05/08/2013. Treatment has included acupuncture and medications. Current diagnoses include rotator cuff syndrome, impingement, carpal tunnel syndrome, and cervical strain with radiculitis. On 2/12/14, the primary treating physician noted slow improvement, shoulder pain without weakness, wrist pain, wrist tingling, limited shoulder range of motion, and signs of carpal tunnel syndrome. There were no signs of radiculopathy. The treatment plan included electromyogram (EMG)/nerve conduction velocity (NCV) study for carpal tunnel syndrome, acupuncture, and orthopedic referral. The magnetic resonance imaging (MRI) of the left shoulder dated 04/03/14 revealed a full thickness rotator cuff tear with retraction, as well as a tear of the long head of the biceps. The MRI of the cervical spine dated 05/15/14 showed multilevel spondylosis without any specific nerve root impingement. An orthopedic surgeon evaluated the injured worker on 04/02/14, for hand pain, weakness, and numbness; back pain, and shoulder pain. Shoulder range of motion was limited. Signs of carpal tunnel syndrome were present. Impingement signs at the shoulder were positive. Specific evidence of radiculopathy were not present. He was diagnosed with rotator cuff syndrome, impingement, carpal tunnel syndrome, and cervical strain with radiculitis. The treatment plan included MRIs of the neck and shoulders, EMG/NCV of the upper extremities (no specific indications), and NCV for carpal tunnel syndrome. On 2/19/14 Utilization Review non-certified an EMG and the orthopedic referral from 2/12/14, noting the lack of specific indications.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY OF THE UPPER EXTREMITIES.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182, 168-171, 196-201, 213, 261, 268, 272.

Decision rationale: The ACOEM Guidelines Pages 268 and 272 recommend nerve conduction study (NCS) for diagnosis carpal tunnel syndrome (CTS) after failure of conservative treatment for 4-6 weeks. Page 272 of the ACOEM Guidelines 2nd Edition, states that nerve conduction velocity (NCV) is the recommended test for CTS. Page 261 lists the recommended components of electrophysiologic testing for CTS. These include the NCS determinations around the wrist, not an electromyogram (EMG). No physician report explains why an EMG is necessary for this injured worker. An EMG is not routinely indicated for the diagnosis of carpal tunnel syndrome, and the treating physician has stated that the EMG is indicated for possible carpal tunnel syndrome. The EMG is not indicated for this purpose. The other citations listed discuss the indications for electrodiagnostic testing for the neck, shoulder, and upper extremity. An EMG is indicated when there is clinical evidence of nerve root dysfunction. The treating physician has not provided evidence for radiculopathy, only for a peripheral neuropathy (carpal tunnel syndrome). Therefore, the EMG portion of the electrodiagnostic testing is not medically necessary.

ORTHOPEDIST CONSULT/EVALUATION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: This injured worker has limited shoulder motion, which has not responded to conservative care. An orthopedic consultation is indicated for this and this would be supported by the MTUS, which recommends surgical consultation for possible surgical conditions. The MRI obtained after the Utilization Review showed a complete rotator cuff tear, a possible surgical condition. The injured worker has signs of advanced and significant carpal tunnel syndrome, another possible surgical condition. Although some of this information became known after the original request for referral, that information supports the referral. The Utilization Review decision is overturned in light of the clinical information and imaging results.