

Case Number:	CM14-0025310		
Date Assigned:	06/11/2014	Date of Injury:	06/13/2012
Decision Date:	08/04/2014	UR Denial Date:	01/31/2014
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 Orthopedic Surgery and is licensed to practice in Georgia and 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 51-year-old female who reported an injury on 06/13/2012. The mechanism of injury involved a fall. Current diagnoses include right shoulder sprain, right shoulder pain, right elbow sprain, right elbow pain, right wrist carpal tunnel syndrome, right wrist pain, low back pain and abdominal pain. The injured worker was evaluated on 08/06/2013. Physical examination revealed tenderness to palpation of the right shoulder, limited range of motion of the right shoulder, positive supraspinatus and empty can testing on the right, palpable tenderness over the left medial and lateral epicondyle, limited range of motion of the right elbow, positive Cozen sign on the right, tenderness at the distal radioulnar joint and dorsum of the right wrist, limited range of motion of the right wrist, positive triangular fibrocartilage complex (TFCC) load testing and grind testing, and diminished sensation over the C5-T1 dermatomes bilaterally. Treatment recommendations at that time included an electromyography / nerve conducting velocity studies (EMG/NCV) study of the bilateral upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY STUDIES OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the injured worker does demonstrate diminished sensation in the C5-T1 dermatomes bilaterally, positive Cozen's test on the right and positive triangular fibrocartilage complex (TFCC) loading and grind testing on the right. However, there is no documentation of a significant musculoskeletal or neurological deficit with regard to the left upper extremity that would warrant the need for electrodiagnostic testing of the bilateral upper extremities. There was also no mention at an attempt at conservative treatment prior to the request for electrodiagnostic studies. Based on the clinical information received the request is not medically necessary.

NERVE CONDUCTING VELOCITY STUDIES OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the injured worker does demonstrate diminished sensation in the C5-T1 dermatomes bilaterally, positive Cozen's test on the right and positive triangular fibrocartilage complex (TFCC) loading and grind testing on the right. However, there is no documentation of a significant musculoskeletal or neurological deficit with regard to the left upper extremity that would warrant the need for electrodiagnostic testing of the bilateral upper extremities. There was also no mention at an attempt at conservative treatment prior to the request for electrodiagnostic studies. Based on the clinical information received the request is not medically necessary.