

<b>Case Number:</b>	CM14-0028812		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	09/26/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 & Rehabilitation 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 52 year old female who was injured on 09/26/2012 when she fell and landed on her right side while performing her usual work. Progress report dated 01/31/2014 documented the patient with complaints of right wrist pain. She describes it as having a lot of pain for the whole week. The patient also complains of right shoulder pain and neck pain. The shoulder pain radiates down to the palm of the hand. The patient mentioned that she is not taking her medications although medications help her a lot but causes her nausea and heartburn. Objective findings are illegible. Examination of the right shoulder reveals tenderness with painful range of motion. Flexion is limited to 100 degrees, abduction to 95 degrees, external rotation to 60 degrees and internal rotation to 80 degrees and extension to 30 degrees. There is positive Neer's sign and Hawkin's sign. Examination of the right wrist reveals tenderness and reduced motion as well as impaired sensation. Diagnoses: 1. Right wrist sprain/strain. 2. Cervical spine sprain/strain, rule out herniated nucleus pulposus and rule out cervical spine radiculopathy. 3. Right shoulder sprain/strain, rule out concussion syndrome. 4. Gastritis Recommendations: The patient is to undergo EMG/NCV of upper extremities, MRI for right shoulder, cervical spine and right wrist. The patient needs internal medicine consultation. Utilization report dated 02/07/2014 did not certify the requests for EMG/NCV and internal medicine consultation. The internal medicine consultation was denied because the medical doctor can discontinue the proposed offending medications and see if the patient's condition improves or not. The request for EMG/NCV was denied because at this time, the patient's injury is a year and a half old. It is not clear if this is a new or old finding, and what prior treatment the patient may have had including prior to electrodiagnostic test or MRI. There is a lack of current clinical information.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTROMYOGRAPHY (EMG) FOR THE RIGHT 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): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Electromyography (EMG).

**Decision rationale:** According to the CA MTUS guidelines, EMG may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. According to the ODG, EMG is Recommended (needle, not surface) as an option in selected cases. The progress note did not identify abnormal neurological physical exam to indicate radiculopathy. In addition, it is unclear if the patient had exhausted all conservative treatment, such as PT, prior to EMG. Thus, the medical necessity of this request has not been established.

**NERVE CONDUCTION VELOCITY (NCV) FOR THE RIGHT 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): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Nerve conduction studies (NCS).

**Decision rationale:** According to the CA MTUS guidelines, NCS may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. According to the ODG, NCS is Not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. The progress note did not identify abnormal neurological physical exam to indicate radiculopathy. In addition, it is unclear if the patient had exhausted all conservative treatment, such as PT, prior to NCS. Thus, the medical necessity of this request has not been established.

**INTERNAL MEDICINE CONSULTATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 503.

**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), Chapter 7 - Independent Medical Examinations and Consultations, page 503.

**Decision rationale:** As per CA MTUS guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Further guidelines indicate that the consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, this patient has nausea and heartburn from medication. I agree with the Utilization report dated 02/07/2014 that the requesting MD physician can discontinue the proposed offending medications and see if the patient's condition improves or not. Thus, the medical necessity of this request has not been established.