

Case Number:	CM14-0028837		
Date Assigned:	06/16/2014	Date of Injury:	10/18/2012
Decision Date:	07/24/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	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 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:

The claimant was injured on 10/18/12. EMG/nerve conduction studies have been recommended and are under appeal. She saw [REDACTED] on 08/09/13. She reported experiencing pain in her right shoulder and neck at work. She continued to have pain despite treatment. She had an MRI of the cervical spine and was then referred for evaluation for her shoulder. Physical examination revealed mild tenderness about the neck with decreased range of motion of the right shoulder. Neurologic examination was unremarkable. She had decreased grip strength on the right side compared to the left. The MRI results and EMG/NCS studies were unavailable for review. A TENS unit was recommended along with PT. On 07/11/13, she saw [REDACTED], a chiropractor. She still had neck and shoulder pain. She was diagnosed with shoulder and cervical sprain. On 10/02/13, [REDACTED] indicated that she had a diagnosis of carpal tunnel syndrome and impingement. On 01/18/14, EMG/NCS of the right upper extremity was recommended to rule out radiculopathy. Her range of motion remained moderately to severely limited in abduction and forward flexion with pain behaviors. Spurling's was equivocal. There were no neurologic deficits. She had similar findings on 02/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

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

Decision rationale: The history and documentation do not objectively support the request for EMG of the right upper extremity. The MTUS states that criteria for ordering imaging studies are: Emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction. Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause MRI for neural or other soft tissue, compute tomography for bony structures. In this case, an MRI has already been done. It is not stated clearly in the records how this study will be used to guide further treatment. No focal neurologic deficits have been documented. It appears that electrodiagnostic studies have already been done but the results were not noted in the records. The medical necessity of this request for EMG of the right upper extremity has not been clearly demonstrated.

Nerve Conduction Velocity (NCV) Of Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

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

Decision rationale: The history and documentation do not objectively support the request for NCV of the right upper extremity. The California MTUS state in table 11-6 that EMG/NCV may be used during the evaluation of possible carpal tunnel syndrome. However, the notes indicate that electrodiagnostic have already been done but the results were not noted in the records. There is no evidence of new or progressive focal neurologic deficits for which repeat studies appear to be indicated. It is not stated clearly in the records how this study will be used to guide further treatment. The medical necessity of NCV of the right upper extremity has not been clearly demonstrated.