

Case Number:	CM14-0029186		
Date Assigned:	06/20/2014	Date of Injury:	09/17/2008
Decision Date:	07/17/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/07/2014

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 Pain Management and is licensed to practice in Minnesota. 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 36 year-old female with a reported date of injury on 09/17/2008. The injury reportedly occurred when the injured worker lifted a 25 pound bin and noted a burning sensation in the left shoulder/shoulder blade region. Her previous treatments were noted to include physical therapy, medications, acupuncture, and chiropractic care. Her diagnoses were noted to include rotator cuff syndrome of the shoulder and allied disorder, sprain/strain of shoulder and upper arm, cervical spine musculoligamentous sprain/strain, cervical degenerative disc disease, left upper extremity radiculitis, left wrist flexor/extensor tenosynovitis and dynamic carpal tunnel syndrome. The injured worker is status post left shoulder arthroscopy with subacromial decompression, distal clavicle resection, extensive debridement of superior degenerative Type I superior labral tear from anterior to posterior and extensive debridement of partial-thickness supraspinatus tendon tear performed on 09/21/2011. The progress report dated 01/22/2014 reported the injured worker complained of aching, sharp pain to the left shoulder that rated 5/10 to 6/10. The injured worker reported the pain increased when she laid on both arms and with upward pushing and pulling and was alleviated with medications. The injured worker complained of back pain rated 5/10 to 6/10 and tenderness to palpation of the left hand. The physical examination of the cervical spine showed tenderness to palpation in the left upper trapezius paravertebral muscle. The active ranges of motion were noted to include 34, 36, 60, 38 and 35 to the left shoulder; however, were unspecified. The Request for Authorization Form dated 01/22/2014 for electromyography and nerve conduction study of lower/upper extremities; however, the provider's rationale was illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent electromyography (EMG) left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s) : 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Electromyography (EMGs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The injured worker has received an Electromyography to the left upper extremity in 2009. The CA MTUS/ACOEM Guidelines recommend Electromyography (EMG) to identify and define carpal tunnel syndrome. The injured worker already has a diagnosis of carpal tunnel syndrome as well as a previous Electromyography. Therefore, an additional Electromyography is not warranted at this time. As such, the request is non-certified.

Urgent electromyography (EMG) right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s) : 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Electromyography (EMGs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The injured worker does not have complaints regarding the right upper extremity. The CA MTUS/ACOEM Guidelines recommend Electromyography to identify and define carpal tunnel syndrome. There is a lack of documentation regarding symptoms or pain to the right upper extremity to warrant an Electromyography. Additionally, an examination was not documented as being performed to the right upper extremity. Therefore, the request is non-certified.

Urgent nerve conduction velocity study (NCV) left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/ Low Back Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The injured worker has had a previous Nerve Conduction Velocity (NCV) study performed in 2009 which resulted as normal clinical findings. The CA MTUS/ACOEM guidelines recommend a Nerve Conduction Velocity study to identify and define carpal tunnel syndrome. There is a lack of symptoms other than tenderness to palpation to the left hand to

warrant a nerve conduction study with most of the progress report being illegible. Therefore, due to a previous Nerve Conduction Study being performed and a diagnosis of dynamic carpal tunnel syndrome, the Nerve Conduction Velocity Study (NCS) is not warranted at this time. Therefore, the request is non-certified.

Urgent Nerve Conduction Velocity Study (NCV): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/ Low Back Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The injured worker has received previous Nerve Conduction Velocity (NCV) study to the left upper extremity in 2009. The CA MTUS/ACOEM Guidelines recommend a Nerve Conduction Velocity study to identify and define carpal tunnel syndrome. The injured worker has a diagnosis of dynamic carpal tunnel syndrome and the previous Nerve Conduction Velocity study in 2009 resulted in normal clinical findings. The progress note was illegible and therefore symptoms to warrant a Nerve Conduction Study (NCS) is illegible. Additionally, the request failed to provide which extremity to perform the Nerve Conduction Study on. As such, the request is non-certified.