

Case Number:	CM14-0032641		
Date Assigned:	06/20/2014	Date of Injury:	02/15/2013
Decision Date:	07/18/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/14/2014

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 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 49 year old female laundry worker who was injured on 02/15/13 when an inmate snatched a towel from her left hand causing her to forcefully extend her left arm/shoulder, and she began to have shoulder pain. The injured worker also strained her left thigh. MRI of the left shoulder on 05/04/13 showed a focal full thickness tear of the supraspinatus tendon with 3.5mm tendinous retraction; infraspinatus tendinitis; acromioclavicular osteoarthritis. MRI of the cervical spine dated 02/12/14 revealed multilevel degenerative changes with mild to moderate C5-6 and C6-7 spinal canal stenosis; moderate bilateral C5-6 and moderate left and mild right C6-7 neural foraminal stenosis; additional ventral cord effacement without canal narrowing at C4-5. Treatment has included medications, physical therapy, injections and extracorporeal shock wave therapy (ESWT) for the left shoulder. The records indicate that the injured worker was seen on 01/09/14 with complaints of left shoulder pain and neck pain; right greater than left hand pain with numbness and tingling and paresthesias that awakens her at night. Physical examination revealed the injured worker to be 5'6" tall and 178 pounds. Strength was 5/5, with sensation intact. Deep tendon reflexes were equal and symmetrical. Left shoulder exam revealed positive impingement sign, supraspinatus sign and apprehension test. Range of motion was decreased. Cervical spine exam revealed decreased range of motion; tenderness noted; Spurling's was positive. Phalen's sign was positive on the right. Electrodiagnostic testing of the bilateral upper extremities was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272,177-178,261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 272.

Decision rationale: American College of Occupational and Environmental Medicine guidelines note that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. The injured worker does have findings consistent with carpal tunnel syndrome, but these appear to be rather recent findings. There is no documentation that the injured worker has had any conservative treatment including splinting, therapy or anti-inflammatory medications directed to the bilateral wrists/hands. Based on the clinical information provided, noting that the injured worker has not had and failed an initial course of conservative care, the request for EMG (Electromyography) of bilateral upper extremities is not recommended as medically necessary.

NCV (Nerve Conduction Velocity) of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272,177-178,261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 272.

Decision rationale: American College of Occupational and Environmental Medicine guidelines note that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. The injured worker does have findings consistent with carpal tunnel syndrome, but these appear to be rather recent findings. There is no documentation that the injured worker has had any conservative treatment including splinting, therapy or anti-inflammatory medications directed to the bilateral wrists/hands. Based on the clinical information provided, noting that the injured worker has not had and failed an initial course of conservative care, the request for NCV (Nerve Conduction Velocity) of bilateral upper extremities is not recommended as medically necessary.