

Case Number:	CM14-0034302		
Date Assigned:	06/20/2014	Date of Injury:	12/06/2012
Decision Date:	08/26/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/19/2014

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:

This 53 year-old patient sustained an injury on 12/6/12 while employed by [REDACTED]. Request under consideration include EMG of the bilateral upper extremities and NCV of the bilateral upper extremities. Diagnoses include neck, shoulder, upper arm, rotator cuff syndrome, medial and lateral epicondylitis, ulnar nerve lesion, CTS, hand/wrist/radial styloid tenosynovitis, thoracic/lumbosacral neuritis/radiculitis, lumbar sprains/strains, sacroiliac/iliofemoral ligament, hip enthesopathy, knee/patella/ankle chondromalacia. The patient is s/p left shoulder arthroscopy. Recent EMG/NCV of bilateral upper extremities on 3/27/13 showed moderate bilateral carpal tunnel syndrome and bilateral ulnar elbow neuropathy. Report of 2/13/14 from the provider noted patient with chronic persistent bilateral shoulder pain with associated numbness/tingling in hands that awaken her at night. Exam showed positive impingement and decreased range of motion to bilateral shoulders; tenderness at medial and lateral epicondyles; positive Tinel's, Phalen's, Finkelstein's at wrists with decreased diffuse range of motion. Treatment included updated EMG/NCV as attempts have been made to obtain prior studies of March 2013; f/u with another provider; psych consult for stress, anxiety, depression secondary to chronic pain. The request for EMG of the bilateral upper extremities and NCV of the bilateral upper extremities were non-certified on 3/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, electromyography (EMG) and nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: This 53 year-old patient sustained an injury on 12/6/12 while employed by [REDACTED]. Request under consideration include EMG of the bilateral upper extremities and NCV of the bilateral upper extremities. Diagnoses include neck, shoulder, upper arm, rotator cuff syndrome, medial and lateral epicondylitis, ulnar nerve lesion, CTS, hand/wrist/radial styloid tenosynovitis, thoracic/lumbosacral neuritis/radiculitis, lumbar sprains/strains, sacroiliac/iliofemoral ligament, hip enthesopathy, knee/patella/ankle chondromalacia. The patient is s/p left shoulder arthroscopy. Recent EMG/NCV of bilateral upper extremities on 3/27/13 showed moderate bilateral carpal tunnel syndrome and bilateral ulnar elbow neuropathy. Report of 2/13/14 from the provider noted patient with chronic persistent bilateral shoulder pain with associated numbness/tingling in hands that awaken her at night. Exam showed positive impingement and decreased range of motion to bilateral shoulders; tenderness at medial and lateral epicondyles; positive Tinel's, Phalen's, Finkelstein's at wrists with decreased diffuse range of motion. Treatment included updated EMG/NCV as attempts have been made to obtain prior studies of March 2013; f/u with another provider; psych consult for stress, anxiety, depression secondary to chronic pain. The request for NCV of the bilateral upper extremities was non-certified on 3/3/14. The patient already had confirmed evidence for bilateral carpal tunnel syndromes and ulnar elbow neuropathy on recent EMG/NCV study of March 2013 with current unchanged symptoms and clinical findings supporting diagnostic study without significant progression to support repeating the study. Per MTUS Guidelines, with specific symptoms or neurological compromise consistent with entrapment syndrome, medical necessity for NCV is established. Submitted reports have already demonstrated the symptoms and clinical findings to suggest for the entrapment syndrome with confirmed diagnoses from previous NCV study rendered. The NCV of the bilateral upper extremities is not medically necessary and appropriate.

NCV (Nerve conduction velocity) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, electromyography (EMG) and nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: This 53 year-old patient sustained an injury on 12/6/12 while employed by [REDACTED]. Request under consideration include EMG of the bilateral upper extremities and NCV of the bilateral upper extremities. Diagnoses include neck, shoulder, upper arm, rotator cuff syndrome, medial and lateral epicondylitis, ulnar nerve lesion, CTS,

hand/wrist/radial styloid tenosynovitis, thoracic/lumbosacral neuritis/radiculitis, lumbar sprains/strains, sacroiliac/iliofemoral ligament, hip enthesopathy, knee/patella/ankle chondromalacia. The patient is s/p left shoulder arthroscopy. Recent EMG/NCV of bilateral upper extremities on 3/27/13 showed moderate bilateral carpal tunnel syndrome and bilateral ulnar elbow neuropathy. Report of 2/13/14 from the provider noted patient with chronic persistent bilateral shoulder pain with associated numbness/tingling in hands that awaken her at night. Exam showed positive impingement and decreased range of motion to bilateral shoulders; tenderness at medial and lateral epicondyles; positive Tinel's, Phalen's, Finkelstein's at wrists with decreased diffuse range of motion. Treatment included updated EMG/NCV as attempts have been made to obtain prior studies of March 2013; f/u with another provider; psych consult for stress, anxiety, depression secondary to chronic pain. The request for NCV of the bilateral upper extremities was non-certified on 3/3/14. The patient already had confirmed evidence for bilateral carpal tunnel syndromes and ulnar elbow neuropathy on recent EMG/NCV study of March 2013 with current unchanged symptoms and clinical findings supporting diagnostic study without significant progression to support repeating the study. Per MTUS Guidelines, with specific symptoms or neurological compromise consistent with entrapment syndrome, medical necessity for NCV is established. Submitted reports have already demonstrated the symptoms and clinical findings to suggest for the entrapment syndrome with confirmed diagnoses from previous NCV study rendered. The NCV of the bilateral upper extremities is not medically necessary and appropriate.