

Case Number:	CM14-0035714		
Date Assigned:	06/23/2014	Date of Injury:	02/01/2013
Decision Date:	09/19/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/24/2014

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 Illinois. 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 54 year old right side dominant male. He has complaints of soreness and stiffness in his neck and shoulder. The soreness and stiffness has been present since May of 2012 after the injured worker was lifting supports for rooftop duct work. He felt the initial pain in his left elbow which radiated up his arm and into his neck. The pain also radiated down his arm and into his fingers, which go numb. He had a previous injury of a torn right rotator cuff and a lumbar spinal fracture. His diagnoses include cervical muscular strain, left ulnar neuritis with subluxation of the ulnar nerve, left lateral epicondylitis and left shoulder impingement syndrome. He stated that physical therapy was not helping and was off from work for no accommodation of modified duty. The injured worker was also on analgesics. A cervical spine magnetic resonance imaging on July 19, 2013 was negative. On July 16, 2013, electrodiagnostic studies were performed which showed a mild left median neuropathy at the wrist. On December 16, 2013, a transcutaneous electrical nerve stimulation unit was ordered. On January 20, 2014, the worker complained of moderate frequent dull, achy, sharp neck pain as well as stiffness and right shoulder pain. The physical exam was notable for cervical spine tenderness and decreased range of motion as well as tenderness of the shoulder and positive supraspinatus press. On January 28, 2014, the injured worker complained of neck pain that he rated as a 6-7/10. He had left upper back, shoulder and elbow pain that he rated a 6/10. It was accompanied by weakness, pain and numbness of his left hand. His new diagnoses included a left elbow cubital tunnel syndrome, left shoulder derangement and depression. He was placed on temporary total disability and given physical therapy. On January 28, 2014, a urine toxicology screen was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269, 272.

Decision rationale: The injured worker has continued complaints of left upper back, shoulder and elbow pain that he rated a 6/10. This pain is accompanied by weakness and numbness of his left hand. The pain started after a work injury in May of 2012. After being treated with analgesics, the injured worker received off-work orders and physical therapy. His diagnoses include left elbow cubital tunnel syndrome and left shoulder derangement. Per the American College of Occupational and Environmental Medicine Guidelines, an electromyography for the left upper extremity is not recommended for forearm, wrist and hand complaints.

NCV (Nerve conduction velocity) Left Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers Compensation, online edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269, 272.

Decision rationale: The injured worker has continued complaints of left upper back, shoulder and elbow pain that he rated a 6/10. This pain is accompanied by weakness and numbness of his left hand. The pain started after a work injury in May of 2012. After being treated with analgesics, the injured worker received off-work orders and physical therapy. His diagnoses include left elbow cubital tunnel syndrome and left shoulder derangement. Per the American College of Occupational and Environmental Medicine Guidelines, nerve conduction velocity is recommended for ulnar impingement at the wrist after failure of conservative treatment. The worker has failed conservative treatment. Therefore, the request is considered medically necessary.

EMG (Electromyography) Right Upper Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

Decision rationale: The injured worker complains of frequent moderate dull, achy, and sharp neck pain. The injured worker also has stiffness and right shoulder pain. The American College of Occupational and Environmental Medicine Guidelines do not recommend electrodiagnostic studies for shoulder pain. Therefore, the request for the electromyography for the right upper extremity is not medically necessary.

NCV (Nerve conduction velocity) Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: The injured worker complains of frequent moderate dull, achy, and sharp neck pain. The injured worker also has stiffness and right shoulder pain. The American College of Occupational and Environmental Medicine Guidelines do not recommend electrodiagnostic studies for shoulder pain. Therefore, the request for the nerve conduction velocity is not medically necessary.