

Case Number:	CM14-0038263		
Date Assigned:	06/25/2014	Date of Injury:	02/19/2014
Decision Date:	08/26/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/01/2014

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:

This is a 54-year-old female with a 2/19/14 date of injury; the mechanism of the injury was not described. The patient was seen on 3/19/14 with complains of unexplained pain in the left shoulder, forearm and hand. The exam findings revealed tenderness in the left shoulder with decreased range of motion. The grip strength in the left hand was decreased and there was radiating pain in the hand. The patient was seen on 3/4/14 with complaints of tenderness in the right wrist with numbness to fingers. The symptoms were exacerbated by repetitive work. There was tenderness in the posterior cervical spine and the range of motion was limited due to pain. Exam findings of the right wrist revealed full range of motion and 5/5-muscle strength and no tenderness over the right anatomical snuffbox. The diagnosis is cervical sprain, left shoulder sprain, right wrist pain Treatment to date: cold/hot patch, smart glove with metal stay, wrist splint for the right wrist and 2 physical therapy (PT) for the right wrist. An adverse determination was received on 3/24/14. The request for Electromyography (EMG) / Nerve Conduction Studies (NCS) of left upper extremity was denied due to a lack of documentation of any focal findings or red flag diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213, table 9-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Neck and Upper Back Chapter).

Decision rationale: CA MTUS criteria for EMG of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. The progress note dated 3/19/14 indicated that the patient complained of unexplained pain in the left shoulder, forearm and hand. However, the physical examination did not indicate any deficits in muscle strength, muscle atrophy, and the patient did not complain of any weakness in the left upper extremity. In addition there was a lack of documentation that the patient underwent conservative treatment with no benefit. Therefore, the request for EMG of left upper extremity was not medically necessary.

Nerve Conduction Studies (NCS) of left 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 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Neck and Upper Back Chapter).

Decision rationale: CA MTUS criteria for Nerve conduction velocity (NCV) of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. The progress note dated 3/19/14 indicated that the patient complained of unexplained pain in the left shoulder, forearm and hand. However, there was no indication that the patient had radicular pain and the physical examination did not indicate any findings of paresthesia. In addition there was a lack of documentation that the patient underwent conservative treatment with no benefit. Therefore, the request for NCV of left upper extremity was not medically necessary.