

Case Number:	CM14-0040348		
Date Assigned:	06/27/2014	Date of Injury:	05/10/2001
Decision Date:	07/29/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/07/2014

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 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:

The patient is a 44 year old male who was injured on 05/10/2001. The mechanism of injury is unknown. Ortho exam dated 12/04/2013 states the patient complains of right elbow, shoulder and hand pain. He rated his hand pain 8/10 with some numbness and tingling. His elbow pain is rated as 7/10 with achiness. The right shoulder pain is rated 8/10 with soreness. He reports his pain increases with overhead activities and worse at night. On exam, the right shoulder range of motion reveals flexion to 175 degrees; extension to 55 degrees; internal rotation to 75 degrees; and external rotation to 90 degrees; abduction to 160 degrees; and adduction to 50 degrees. He has mild impingement and positive Hawkins test, empty can and Speed's test. The left shoulder range of motion revealed flexion to 180; extension to 65; abduction 180; adduction 45; external rotation 90; and internal rotation 90. The right elbow reveals positive Tinels and positive Phalen's and at the wrist, as well. The right hand and wrist revealed mild swelling. Range of motion reveals normal ulnar and radial deviation as well as formation. Diagnoses are right carpal tunnel syndrome, trigger point for thumb, ring, and little finger; right shoulder pain with arthrofibrosis, impingement, bursitis, rotator cuff tear, right elbow cubital tunnel syndrome, and right C7 radiculopathy. The patient was recommended an EMG/NCV of the upper extremities for elbow and wrist numbness and MRI with and without contrast of the right shoulder. It is also noted that the patient may benefit from a steroid injection for the shoulder as he has had relief with this in the past. Prior utilization review dated 03/24/2014 states the request for NCV Left Upper Extremity and EMG Left Upper Extremity is partially authorized for EMG/NCV of the right upper extremity as the patient does meet guideline criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273 & 601-602 Elbow Chapter. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, Nerve Conduction Velocity.

Decision rationale: This is a request for NCV of the left upper extremity for a 44-year-old male injured on 5/10/01 with diagnoses of R shoulder pain, R cubital tunnel syndrome, and R carpal tunnel syndrome, among others. MTUS and ODG guidelines recommend electrodiagnostic studies under certain circumstances. However, in this case provided records only describe right upper extremity symptoms and findings. There are only right upper extremity diagnoses. There is no discussion of left-side upper extremity pathology. Medical necessity is not established. The request is not medically necessary and appropriate.

EMG Left upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273 & 601-602 & Elbow Chapter. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, Electromyography.

Decision rationale: This is a request for EMG of the left upper extremity for a 44-year-old male injured on 5/10/01 with diagnoses of R shoulder pain, R cubital tunnel syndrome, and R carpal tunnel syndrome, among others. MTUS and ODG guidelines recommend electrodiagnostic studies under certain circumstances. However, in this case provided records only describe right upper extremity symptoms and findings. There are only right upper extremity diagnoses. There is no discussion of left-side upper extremity pathology. Medical necessity is not established. The request is not medically necessary and appropriate.