

Case Number:	CM14-0041300		
Date Assigned:	06/30/2014	Date of Injury:	11/12/2013
Decision Date:	08/13/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/08/2014

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 claimant is a 49 year old female who is right-handed and sustained an injury on 11/12/13 when she tripped on a rug then fell into a glass door, hitting her head on the glass, hitting her right hand on a metal part of the door and hitting her left knee on the floor. She did not lose consciousness. She was initially diagnosed with head trauma, neck strain involving the right side of neck, contusions of face, neck, right hand, lower back and lower left leg/knee and an abrasion of the right hand. Other symptoms that developed around the time of the injury include headaches, swelling of the right hand, and muscle spasms of the back and right shoulder. The evaluation in January 2013 revealed continued neck pain, headaches, dizziness, blurred vision, low back pain, left knee pain and there was numbness, tingling and cramping in the shoulder blades, shoulders and hands and she had mental difficulties attributed to the stress from the injuries. Examination showed limited cervical motion in all directions, negative Spurling's sign for foraminal compression, limited thoracic motion to flexion, limited lumbar motion in all directions, normal deep tendon reflexes, and pain in left knee on kneeling. X-rays were taken around the time of injury but no specifics were available for review. An MRI of the neck was performed 12/19/13 which revealed concentric disc building at C3-4, C4-5, C5-6, and C6-7 and minimal degenerative changes of the joints of Luschka. Treatment has included non-steroidal anti-inflammatory medication (Ibuprofen, Voltaren and Tramadol), muscle relaxant (Skelaxin), narcotic analgesia (Norco) and topical analgesia (Polar Frost, Cyclo-Keto-Lido), physical therapy, acupuncture, heating pads, chiropractic treatment and psychological counseling but there is no mention of the effectiveness of these treatments except improvement with acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) study of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Compensation, Online Edition, Chapter: Neck And Upper back (Acute & Chronic), Electromyography (EMG).

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

Decision rationale: An electromyography (EMG) is used as a diagnostic test. Criteria for its use are very specific. The test will identify physiologic and structural abnormalities that are causing nerve dysfunction, although the literature does not support its routine use to evaluate for nerve entrapment. It can identify subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks). When spinal cord etiologies are being considered, sensory-evoked potentials (SEPs) would better help identify the cause. The literature does not support the use of EMG testing for shoulder, wrist, hand or fingers abnormalities unless the clinician suspects carpal tunnel syndrome. The ACOEM Guidelines define its use for diagnosis of shoulder, wrist (except for Carpal Tunnel), hand or finger conditions as a D recommendation, that is, the information available in the literature does not meet inclusion criteria for research-based evidence. Since none of this patient's providers are considering carpal tunnel as an etiology for her continuing hand symptoms one must assume from the history the request is to look for an etiology in the neck. As noted in the ACOEM Guidelines, this patient does not meet the criteria for this test. Such as, an electromyography (EMG) study of the bilateral upper extremities is not medically necessary.

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

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Compensation, Online Edition, Chapter: Neck And Upper back (Acute & Chronic) Nerve Conduction Studies(NCV).

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

Decision rationale: Nerve Conduction Velocity (NCV) is used as a diagnostic test. Criteria for its use are very specific. The test will identify physiologic and structural abnormalities that are causing nerve dysfunction, although the literature does not support its routine use to evaluate for nerve entrapment. It can identify subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks). When spinal cord etiologies are being considered, sensory-evoked potentials (SEPs) would better help identify the cause. The literature does not support the use of NCV testing for shoulder, wrist, hand or fingers abnormalities unless the clinician suspects carpal tunnel syndrome. The ACOEM Guidelines define its use for

diagnosis of shoulder, wrist (except for Carpal Tunnel), hand or finger conditions as a D recommendation, that is, the information available in the literature does not meet inclusion criteria for research-based evidence. Since none of this patient's providers are considering carpal tunnel as an etiology for her continuing hand symptoms one must assume from the history the request is to look for an etiology in the neck. As noted in the ACOEM Guidelines, this patient does not meet the criteria for this test. Such as, a Nerve Conduction Velocity (NCV) study of the bilateral upper extremities is not medically necessary.