

Case Number:	CM14-0042496		
Date Assigned:	06/20/2014	Date of Injury:	05/29/2012
Decision Date:	07/22/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/14/2014

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 and 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:

The underlying date of injury in this case is 05/29/2012. This patient's diagnoses include right shoulder rotator cuff tendinitis, right shoulder acromioclavicular degenerative disease, cervical degenerative disc disease, and a possible cervical radiculopathy versus peripheral neuropathy. A followup note of 02/18/2014 is only partially legible but appears to outline complaints of right shoulder pain with difficulty sleeping. The patient was noted to have a positive Tinel's sign on the right and a positive Guyon's sign. Subsequently a request for authorization on 02/25/2014 notes the diagnoses of right shoulder sprain, right cubital tunnel syndrome, right medial epicondylitis, and right carpal tunnel syndrome. The patient was noted to have a history of shoulder decompression on 02/05/2012. An initial physician review concluded that the medical file indicated nerve conduction testing of the upper extremities but that electromyography was not medical necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG to left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Electrodiagnostic testing (EMG/NCS) and ODG, Elbow.

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

Decision rationale: The ACOEM Guidelines, Chapter 8/Neck, page 178, state that electromyography and nerve conduction velocities may help identify subtle focal neurological dysfunction in a patient's neck or arm symptoms or both lasting more than 3 or 4 weeks. A prior physician review concluded that nerve conduction studies were indicated but not electromyography. However, the needle portion of the exam with electromyography would be beneficial in this case to help distinguish between a peripheral neuropathy versus a cervical radiculopathy as well as to help localize the patient's active lesion such as to compare median versus ulnar innervated muscles and to determine which muscle has active denervation at present. The medical records outline a complex neurological diagnostic situation with potential components of median nerve lesion versus ulnar nerve lesion versus cervical radiculopathy. The treatment guidelines would support distinct roles of both nerve conduction study and electromyography in order to evaluate this differential diagnosis. Therefore, the requested EMG study is medically necessary.

EMG to right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Pain, Electrodiagnostic testing (EMG/NCS), ODG elbow.

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

Decision rationale: The ACOEM Guidelines, Chapter 8/Neck, page 178, state that electromyography and nerve conduction velocities may help identify subtle focal neurological dysfunction in a patient's neck or arm symptoms or both lasting more than 3 or 4 weeks. A prior physician review concluded that nerve conduction studies were indicated but not electromyography. However, the needle portion of the exam with electromyography would be beneficial in this case to help distinguish between a peripheral neuropathy versus a cervical radiculopathy as well as to help localize the patient's active lesion such as to compare median versus ulnar innervated muscles and to determine which muscle has active denervation at present. The medical records outline a complex neurological diagnostic situation with potential components of median nerve lesion versus ulnar nerve lesion versus cervical radiculopathy. The treatment guidelines would support distinct roles of both nerve conduction study and electromyography in order to evaluate this differential diagnosis. Therefore, the requested EMG study is medically necessary.