

Case Number:	CM14-0046851		
Date Assigned:	07/02/2014	Date of Injury:	03/04/2013
Decision Date:	08/27/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 29-year-old female who has submitted a claim for right cubital tunnel syndrome, right carpal tunnel syndrome, and multiple upper motor neuron signs with chronic cervical strain, rule out congenital or other anomaly associated with an industrial injury date of 03/04/2013. Medical records from 12/05/2013 to 07/02/2014 were reviewed and showed that patient complained of right shoulder pain graded 4/10 aggravated by movement with clicking, popping, numbness, and tingling. There was compliant of right elbow pain and bilateral wrist pain, R>L, both graded 7-8/10 with associated weakness, numbness, and tingling. Physical examination of the right shoulder revealed tenderness over the trapezius, subacromial spine, and AC joint. Decreased ROM was noted. Supraspinatus, Neer's, impingement, and Hawkins tests were all positive. Physical examination of the right elbow revealed tenderness over lateral epicondyle. Decreased ROM was noted. Cozen's test was positive. Physical examination of bilateral wrists revealed decreased ROM bilaterally. Grip test was positive and grip strength was reduced bilaterally. X-ray of the right elbow and right wrist dated 03/06/2014 revealed normal findings. EMG-NCV study of right upper extremity dated 12/05/2013 revealed neuropathy of ulnar nerve across the right elbow otherwise normal. Treatment to date has included physical therapy, acupuncture, wrist brace, arm sling, and pain medications. Utilization review dated 04/03/2014 denied the request for EMG/NCV study of upper extremities because a repeat EMG/NCV study was not medically indicated. Utilization review dated 04/03/2014 denied the request for MRI of the cervical spine because there was absence of adequate evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, MRI.

Decision rationale: As stated on pages 179-180 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, imaging of the cervical spine is indicated for the following: patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the cervical spine for chronic neck pain after 3 months conservative treatment. In this case, physical examination and plain radiograph findings of the cervical spine, which are required to identify specific nerve compromise, were not made available. The medical necessity has not been established. Therefore, the request for MRI of the cervical spine is not medically necessary.

(EMG)ELECTROMYOGRAPHY BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 379.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, physical examination findings of the right upper extremity were not consistent with a focal neurologic deficit. Of note, EMG-NCV study of right upper extremity dated 12/05/2013 revealed neuropathy of the ulnar nerve across the right elbow, otherwise normal. There were no physical examination findings of the cervical spine and left upper extremity to provide evidence of focal neurologic deficit in the left upper extremity. Therefore, the request for electromyography (EMG) bilateral upper extremities is not medically necessary.

(NCV) NERVE CONDUCTION VELOCITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 379.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Nerve conduction studies (NCS) Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

Decision rationale: The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A published study entitled, Nerve Conduction Studies in Polyneuropathy, cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, physical examination findings of the right upper extremity indicate peripheral nerve compression. Of note, EMG-NCV study of right upper extremity dated 12/05/2013 revealed neuropathy of ulnar nerve across the right elbow otherwise normal. Physical examination findings of left upper extremity were not available to suggest presence of peripheral nerve compression. Moreover, the request failed to specify the body part that requires NCV study. Therefore, the request for nerve conduction velocity (NCV) is not medically necessary.