

Case Number:	CM14-0048726		
Date Assigned:	06/25/2014	Date of Injury:	10/18/2012
Decision Date:	07/31/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/27/2014

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 applicant is a [REDACTED] employee who has filed a claim for chronic neck and bilateral upper extremity pain reportedly associated with an industrial injury of October 18, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; shoulder corticosteroid injection; a TENS unit; and at least eight sessions of physical therapy, per the claims administrator. In a Utilization Review Report dated March 19, 2014, the claims administrator denied a request for EMG-NCS testing of the right upper extremity. A January 15, 2014 progress note was sparse, somewhat difficult to follow, handwritten, blurred as a result of repetitive photocopying, and notable for complaints of shoulder tightness with associated burning about the upper trapezius. The applicant exhibited limited range of motion about the shoulder with a positive impingement sign and an equivocal Spurling maneuver. The applicant was given suspected diagnoses of shoulder impingement syndrome and/or carpal tunnel syndrome in the diagnosis section of the report. Electrodiagnostic testing of the right upper extremity was sought to rule out a cervical radiculopathy. The applicant was given a rather proscriptive 5-pound lifting limitation. It does not appear that the applicant was working with said limitation in place. In a January 28, 2014 medical-legal evaluation, the applicant presented with complaints of right shoulder, neck, and upper extremity pain. The applicant stated that her principal complaints were neck pain and right shoulder pain. The applicant had subjective weakness about the shoulder and right arm. The applicant also reported radiating pain to the right upper extremity involving the upper arm, forearm, and dorsal hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Study of the Right Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, (updated 3/7/14), Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 161, appropriate electrodiagnostic testing, including the nerve conduction testing being sought here, can also differentiate between carpal tunnel syndrome and other suspected diagnoses, such as cervical radiculopathy. In this case, the documentation on file does suggest that the applicant may in fact have bona fide cervical radiculopathy superimposed on ongoing issues with carpal tunnel syndrome. The applicant has been given presumptive diagnoses of both cervical radiculopathy and carpal tunnel syndrome by several treating providers. The applicant has failed to respond favorably to conservative treatments, including physical therapy and massage therapy. The applicant remains off of work, on total temporary disability. Appropriate electrodiagnostic testing to help distinguish between suspected carpal tunnel syndrome and/or superimposed cervical radiculopathy is indicated, appropriate, and supported by ACOEM. Therefore, the request is medically necessary.

EMG of the Right Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, (updated 3/7/14), Electromyography, (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic testing, including the NCV and EMG being sought here, can help to distinguish between carpal tunnel syndrome and other suspected diagnoses, such as cervical radiculopathy. In this case, the applicant's presentation does suggest a possible cervical radiculopathy superimposed on ongoing issues with carpal tunnel syndrome. This is a more difficult case, than, for which EMG testing is indicated, as suggested in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261. Therefore, the request is medically necessary.