

Case Number:	CM14-0054453		
Date Assigned:	07/07/2014	Date of Injury:	04/17/2011
Decision Date:	08/14/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/23/2014

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:

According to the records made available for review, this is a 43-year-old female with a 4/17/11 date of injury. At the time (4/14/14) of request for authorization for Electromyogram of the bilateral upper extremities and Nerve Conduction Study of the bilateral upper extremities, there is documentation of subjective (ongoing pain in right shoulder, arm, wrist, and neck that radiates to the left shoulder with associated numbness, tingling and weakness) and objective (motor strength left elbow flexion 5/5, right elbow flexion 4/5, parasthesias to light touch noted in digits 1-3 on right, biceps, triceps, and brachioradialis reflexes 2+ bilaterally, Hawkin's and Speed's test positive bilaterally, and Tinel's sign positive at wrist) findings, imaging findings (reported EMG (11/21/11) revealed left C6 radiculopathy; report not available for review), current diagnoses (sprains and strains of neck, shoulder impingement, bicipital tenosynovitis, and de Quervain's tenosynovitis), and treatment to date (acupuncture, physical therapy, and medications (including tramadol)). There is no documentation of an interval injury or progressive neurologic findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177;33.

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. The Medical Treatment Guideline necessitates documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Within the medical information available for review, there is documentation of diagnoses of sprains and strains of neck, shoulder impingement, bicipital tenosynovitis, and de Quervain's tenosynovitis. In addition, given documentation of subjective (pain in right shoulder, arm, wrist, and neck that radiates to the left shoulder with associated numbness, tingling and weakness) and objective (left elbow flexion 5/5, right elbow flexion 4/5, parasthesias to light touch noted in digits 1-3 on right, and Tinel's sign positive at wrist) findings, and failure of conservative treatment (acupuncture, physical therapy, and medications (including tramadol)), there is documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, there is no documentation of an interval injury or progressive neurologic findings. Therefore, based on guidelines and a review of the evidence, the request for Electromyogram of the bilateral upper extremities is not medically necessary.

Nerve Conduction Studies (NCS) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177;33. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Velocity Studies (http://www.aetna.com/cpb/medical/data/500_599/0502.html).

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Medical Treatment Guideline necessitates documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Within the medical information available for review, there is documentation of diagnoses of sprains and strains of neck, shoulder impingement, bicipital tenosynovitis, and de Quervain's tenosynovitis. In addition, given documentation of subjective (pain in right shoulder, arm, wrist, and neck that radiates to the left shoulder with associated numbness, tingling and weakness) and objective (left elbow flexion 5/5, right elbow flexion 4/5, parasthesias to light touch noted in digits 1-3 on right, and Tinel's sign positive at wrist) findings, and failure of conservative treatment (acupuncture, physical therapy, and medications (including tramadol)), there is documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, there is no documentation of an interval injury or

progressive neurologic findings. Therefore, based on guidelines and a review of the evidence, the request for Nerve Conduction Studies of the bilateral extremities is not medically necessary.