

Case Number:	CM14-0059675		
Date Assigned:	07/09/2014	Date of Injury:	04/23/2003
Decision Date:	09/08/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/30/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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:

This patient is a 66 year old employee with date of injury of 4/23/2003. Medical records indicate the patient is undergoing treatment for radiculopathy of the left upper extremity, inflammation process of the left shoulder with no internal derangement; cervical disc disease; low back pain syndrome; ulnar nerve entrapment syndrome and carpal tunnel. He is status post-operative neurolysis and anterior submuscular transposition of the ulnar nerve at the left elbow and open neurolysis and decompression of the medial and ulnar nerves at the wrist on left (5/15/2007). Subjective complaints on 11/6/13 included severe neck, left shoulder, and low back pain. At that same visit on 11/6/13, the patient states that Tramadol is no longer working for him. However, on 12/4/13, the patient states that he no longer has radicular symptoms and states he only has focal pain in his mid-back. On 12/4/13, he denies the need for medication to [REDACTED] during his exam, indicating that the only medication he is taking is Depo-Testosterone. Objective findings include: tenderness and decreased range of motion (ROM) of shoulders. There is tenderness and decreased ROM of cervical spine. There is tenderness and decreased ROM of the lumbar spine. Flexion of back is 45-50 degrees before the patient feels a "pulling" sensation. Left and right lateral bending are at half their normal range with discomfort in both directions. His hips, ankles and knees all have full ROM. Treatment has consisted of physical therapy, Tramadol HCL, Tramadol ER, Cyclobenzaprine, Omeprazole, Naproxen, and topical cream. The physician states that the patient has been on "Naproxen 550mg and Tramadol 50mg for a long time". He also states that "the patient is getting worse". He has requested an MRI arthrogram of the left shoulder and a neurology consult for EMG/NCV studies. The physician wants to do a liver profile on the patient. The utilization review determination was rendered on 4/16/2014 recommending non-certification of a left upper extremity EMG and a left upper extremity NCV.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Upper Extremity EMG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines-Neck and Upper Back, Electrodiagnostic Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

Decision rationale: ACOEM states "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." ODG states, "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and nerve conduction studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies". The treating physician does not document evidence of focal neurologic findings. The treating physician does document a history of pain radiating from the neck down the left arm with numbness, tingling and burning. In addition, the treating physician documents ulnar nerve entrapment at the Olecranon groove. The treating physician has not provided a clear rationale why an EMG is needed at this time and has not met the above ACOEM and ODG criteria for a left upper extremity EMG at this time. As such the request for left upper extremity EMG (electromyography) is not medically necessary.

Left Upper Extremity NCV: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines-Neck and Upper Back, Electrodiagnostic Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

Decision rationale: ACOEM states "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." ODG states "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and nerve conduction studies

(NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies". The treating physician does not document evidence of focal neurologic findings. The treating physician does document a history of pain radiating from the neck down the left arm with numbness, tingling and burning. In addition, the treating physician documents ulnar nerve entrapment at the Olecranon groove. The treating physician has not provided a clear rationale why an NCV is needed at this time and has not met the above ACOEM and ODG criteria for a left upper extremity NCV at this time. As such the request for left upper extremity NCV (nerve conduction velocity) is not medically necessary.