Case Number:	CM14-0061659		
Date Assigned:	07/09/2014	**Date of Injury:**	09/22/2009
Decision Date:	08/11/2014	**UR Denial Date:**	04/24/2014
Priority:	Standard	**Application Received:**	05/02/2014

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 & Rehabilitation and Pain Management has a subspecialty in Interventional Spine 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 50-year-old female with a date of injury of 09/22/2009. The listed diagnosis per [redacted] is shoulder strain. According to progress report 04/03/2014, the patient presents with ongoing pain in the left shoulder which radiates down to the arm and to the fingers. The patient describes her pain as aching, stabbing, burning, and nagging. She rates her pain 9/10. There are associated symptoms including weakness and difficulty sleeping due to pain. Examination revealed tenderness to palpation in the bilateral biceps. There was trigger points palpated on the upper trapezius, mid trapezius, lower trapezius, and splenius capitis bilaterally. There was limited range of motion of the shoulders. Decreased sensation to light touch noted in the digit 2 and 4 on right and digit 3 on the left. Tinel's sign on the wrist was positive bilaterally. The treater would like to perform a repeat EMG (Electromyography)/nerve conduction test to evaluate for interval changes because of the progressive nature of her weakness and paresthesias. Utilization review denied the request on 04/24/2014. EMG/NCV from 02/12/2014 revealed bilateral median motor distal latency was prolonged compared to distal ulnar motor latency on bilateral upper extremities. There was prolonged bilateral median distal motor latency and slowing of the nerve conduction velocity with bilateral median sensory responses.

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 Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: This patient presents with ongoing pain in the left shoulder which radiates down the arm to the fingers. The treater is requesting a repeat EMG/nerve conduction test to evaluate for interval changes because of the progressive nature of her weakness and paresthesias. The treater goes on to state that the patient is displaying neuropathic red flags including radicular pain, paresthesias, and weakness. ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS (Carpal Tunnel Syndrome) and other conditions such as cervical radiculopathy. In this case, the patient underwent an EMG/NCV on 2/12/14. These studies showed positive findings. The treater would like a repeat study to check clinical progression but there is lack of guidelines support for repeat EMG/NCV studies unless the initial studies were negative and performed early on in the case. The patient presents with persistent and similar symptoms without new neurologic findings. Therefore, the request for Electromyography (EMG) of the bilateral upper extremities is not medically necessary and appropriate.

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

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, NCS.

Decision rationale: This patient presents with ongoing pain in the left shoulder that radiates down the arm to the fingers. The treater is requesting a nerve conduction study of the bilateral upper extremities as the patient has weakness and paresthesias. Utilization review denied the request stating diagnostic studies should not simply be for screening purposes. ACOEM Guidelines page 206 states that electro diagnostic studies may help differentiate between CTS (Carpal Tunnel Syndrome) and other conditions such as cervical radiculopathy. ODG guidelines has the following regarding EDX (Electrodiagnosis) and Carpal Tunnel Syndrome, Recommended in patients with clinical signs of CTS (Carpal Tunnel Syndrome) who may be candidates for surgery. Electro diagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary. In this case, the patient underwent an EMG/NCV on 2/12/14. There is no change in diagnosis or new injury to warrant a repeat EMG/NCV testing. Therefore, the request for Nerve Conduction Studies (NCS) of the bilateral upper extremities is not medically necessary and appropriate.