

Case Number:	CM14-0081338		
Date Assigned:	07/21/2014	Date of Injury:	10/28/2013
Decision Date:	09/22/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	06/02/2014

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 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 52-year-old male who has submitted a claim for winging of the scapula, possible brachial plexus injury, and possible neurologic deficit associated with an industrial injury date of 10/28/2013. Medical records from 11/06/2013 to 07/21/2014 were reviewed and showed that patient complained of neck and arm pain graded 6- 8/10. Physical examination of the cervical spine revealed tenderness over the midline and left posterior shoulder girdle. Spurling's test was negative. MMT, DTRs, and sensation to light touch of upper extremities were normal. Physical examination of the left upper extremity revealed decreased left shoulder ROM with flexion and rotator cuff weakness. X-ray of the cervical spine dated 12/03/2013 revealed C5-C6 narrow disc spaces. Treatment to date has included physical therapy, Norco, and Cyclobenzaprine. Utilization review dated 05/01/2014 denied the request for EMG/NCS of left upper extremity because there was no documentation of objective neurological deficits to support EMG and NCS.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Studies 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: CA MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with 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, the patient complained of neck and arm pain. Physical exam findings revealed negative Spurling's test, normoreflexia, and normal MMT and sensation to light touch of upper extremities. The patient's clinical manifestations were not consistent with symptoms of neuropathy to support NCS study. Therefore, the request for NCS Left Upper Extremity is not medically necessary.

EMG Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

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 based on physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient complained of neck and arm pain. Physical exam findings revealed negative Spurling's test, normoreflexia, and normal MMT and sensation to light touch of upper extremities. The patient's clinical manifestations were not consistent with a focal neurologic deficit to support EMG study. Therefore, the request for EMG left upper extremity is not medically necessary.