

Case Number:	CM14-0081701		
Date Assigned:	07/25/2014	Date of Injury:	04/22/2013
Decision Date:	12/30/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/03/2014

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, has a subspecialty in Pain Management 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 30 year old with an injury date on 4/22/13. Patient complains of right-sided cervical pain rated 3/10, and right shoulder/right upper extremity pain rated 6/10 per 4/16/14 report. Based on the 4/16/14 progress report provided by the treating physician, the diagnoses are: 1. C-spine myofascial pain syndrome 2. right shoulder strain 3. right elbow strain with associated lateral epicondylitis 4. right wrist strain with associated tenosynovitis 5. rule out right carpal tunnel syndrome and right sided cubital tunnel syndrome Exam on 4/16/14 showed "C-spine range of motion decreased, with extension at 35/55; decreased in sensation in right C6, right C7, and right C8 dermatomal levels; full right shoulder range of motion, but pain at end of range of motion. Right wrist range of motion is decreased in radial deviation." Patient's treatment history was not included in reports. The treating physician is requesting EMG bilateral upper extremities RFA 4/29/14, and NCD bilateral upper extremities RFA 4/29/14. The utilization review determination being challenged is dated 5/9/14 and modifies request for bilateral upper extremities electromyogram (EMG) and nerve conduction velocity (NCV), to right sided EMG/NCV only. The requesting physician provided treatment reports from 12/26/13 to 4/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral upper extremities RFA 04/29/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 106,111, 115.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: This patient presents with neck pain, right shoulder pain, and right upper extremity pain. The treater has asked for EMG bilateral upper extremities RFA 4/29/14 on 4/16/14. Review of the reports do not show any evidence of an EMG upper extremities being done in the past. In reference to specialized studies of the neck, MTUS guidelines state that electromyography tests may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy." In this case, the patient presents with radiculopathy and peripheral neuropathy which require electrodiagnostic studies to differentiate. However, there is no documentation of left-sided extremity pain, and this request is for bilateral upper extremities. Therefore, EMG bilateral upper extremities RFA 04/29/2014 is not medically necessary and appropriate.

NCD bilateral upper extremities RFA 04/29/2014:

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 106 111 115,Chronic Pain Treatment Guidelines Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178.

Decision rationale: This patient presents with neck pain, right shoulder pain, and right upper extremity pain. The treater has asked for NCD bilateral upper extremities RFA 4/29/14 on 4/16/14. Review of the reports does not show any evidence of NCV upper extremities being done in the past. Regarding NCV for the Neck and Upper Back, ACOEM states: Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Regarding NCV for the Forearm, Wrist, and Hand, ACOEM states that appropriate electrodiagnostic studies (EDS) may help differentiate between carpal tunnel symptom (CTS) and other conditions, such as cervical radiculopathy. In this case, the patient does have cervical pain with radiation and weakness into right upper extremity. Electrodiagnostic testing would be reasonable to differentiate if pain is cervical in origin. However, there is no documentation of left-sided extremity pain, and this request is for bilateral upper extremities. Therefore, NCD bilateral upper extremities RFA 04/29/2014 is not medically necessary and appropriate.