

Case Number:	CM14-0084886		
Date Assigned:	07/23/2014	Date of Injury:	04/01/2011
Decision Date:	09/24/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/06/2014

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 is licensed to practice in Illinois. 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 injured worker is a 37 year old male who reported the date of injury of 04/01/2011 with unknown mechanism of injury. The injured worker had diagnoses of lumbosacral radiculopathy, left rotator cuff tear, right carpal tunnel syndrome, cervical brachial syndrome and, muscle spasms of the cervical thoracic and lumbar spine. Previous treatments include medications, physical therapy, chiropractic therapy and acupuncture. The injured worker had x-rays and MRI's of the neck, back, hips and knees and, EMG/NCV's of the upper and lower extremities, these reports were not provided within the medical records received. On 04/23/2014 the injured worker presented with complaints of neck, back, shoulder and hand pain. The clinical findings indicated the injured worker had a 2-3+ tender to palpation of the lumbosacral and the left supraspinatus muscles, lumbar flexion was 60 degrees and right rotation 70 degrees. The injured worker's cervical range of motions included, flexion of 30 degrees, extension 30 degrees, right and left lateral flexion was 20 degrees, left rotation 60 degrees and right rotation 70 degrees, Negative Tinel's and Phalen's tests bilaterally. The injured worker reported to have a decreased sensation to the pinwheel of the left arm and pin and needles sensations in the left upper extremity, the straight leg and Patrick's Faber's tests both elicited pain. Medications included Ketoprofen, Flexeril, Norco and Valium. The treatment plan included physical therapy procedures/modalities and was advised of home therapy exercises. The rationale and request for authorization form was not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for an EMG right upper extremity is not medically necessary. The injured worker had complaints of pain in the neck, back, shoulder and hands. The injured worker had a Negative Tinel's and Phalen's tests bilaterally. There was decreased sensation to pinwheel to the left arm and pin and needles sensations in the left upper extremity. The California MTUS/ACOEM guidelines state when neurologic examination is unclear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. 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. The guidelines note EMG is not recommended for the diagnosis of nerve root involvement when the history, physical examination, and imaging studies are consistent. Upon physical examination the injured worker had decreased sensation to pinwheel to the left arm and pin and needles sensations in the left upper extremity. There is a lack of documentation indicating the injured worker has significant findings indicative of neurologic deficit which need to be clarified with electrodiagnostic testing. Furthermore, the injured worker had a prior EMG/NCV; however, the official report is not provided within the medical records. As such, the request is not medically necessary.

NCV Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back, nerve conduction studies (NCS).

Decision rationale: The request for a nerve conduction study of the right upper extremity is not medically necessary. The injured worker had complaints of pain in the neck, back, shoulder and hands. The injured worker had a Negative Tinel's and Phalen's tests bilaterally. There was decreased sensation to pinwheel to the left arm and pin and needles sensations in the left upper extremity. The California MTUS/ACOEM guidelines state when neurologic examination is unclear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. 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. The Official Disability Guidelines state nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs. Nerve conduction studies may be recommended if the EMG is not clearly radiculopathy or clearly

negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. Upon physical examination the injured worker had negative Tinel's and Phalen's. There is a lack of documentation indicating the injured worker has significant findings indicative of peripheral neuropathies which need to be clarified with electrodiagnostic testing. Furthermore, the injured worker had a prior EMG/NCV; however, the official report is not provided within the medical records. As such, this request is not medically necessary.