

Case Number:	CM14-0091203		
Date Assigned:	07/28/2014	Date of Injury:	03/15/2013
Decision Date:	10/14/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/16/2014

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 Internal 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 injured worker is a 31 year old female who sustained an injury to her upper back on 03/15/13 due to cumulative trauma while performing her usual and customary duties as a waitress. The injured worker had been approved for at least 12 physical therapy visits as of 03/19/14 following left shoulder diagnostic arthroscopy, partial synovectomy, chondroplasty glenoid, subacromial decompression with resection of the CA (Coracoacromial) ligament, and placement of pain pump. Clinical note dated 02/27/14 reported that the injured worker continued to complain of left shoulder pain, status post-surgical intervention. The injured worker also complained of spasming in the left trapezius. Physical examination noted shoulder abduction 90 degrees, forward flexion approximately 70 degrees; well healed incisions; spasm, tenderness, and guarding in the paravertebral musculature of cervical spine with decreased range of motion; decreased sensation noted over C6 dermatomes bilaterally; weakness in bilateral arms, which occurred especially with overhead activities such as doing her hair. The injured worker remained on total temporary disability as she continued to recover. The injured worker was recommended for EMG/NCV of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Electromyography (EMG)

Decision rationale: The previous request was denied on the basis that the injured worker apparently had unremarkable bilateral upper extremities EMG/NCV in the past and there was no documentation of a new acute injury or exacerbation of previous symptoms. In addition, the injured worker has non-anatomic upper extremities neurological signs and symptoms consisting of bilateral upper extremity decreased sensation in the C6 dermatome with no documentation of whether light touch, pain, proprioception, pin prick, or some combination was tested in this dermatome without complaints of upper extremities sensory dysfunction and without accompanying motor/reflex findings on physical examination. As such, the request was not deemed as medically reasonable. The Official Disability Guidelines state that EMG findings may not be predictive of surgical outcome in cervical surgery and injured workers may still benefit from surgery even in the absence of EMG findings or nerve root impingement. This is in stark contrast to the lumbar spine where EMG findings have been shown to be highly correlative with symptoms. It is possible to impinge the sensory component with disc herniation or bone spur and not affect the motor component. As a result, the injured worker may report radicular pain correlating to MRI without having EMG evidence of motor loss. The Official Disability Guidelines also state that nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommend if EMG is not clearly radiculopathy or clearly negative, or radiculopathy from other neuropathies or non-neuropathic processes if other diagnosis may be likely based on 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. While cervical electrodiagnostic studies are not necessary to demonstrate cervical radiculopathy, they have been suggested to confirm brachioplexus abnormality, diabetic neuropathy, or some problem other than cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. Given this, the request for EMG right upper extremity is not indicated as medically necessary.

Nerve conduction velocity (NCV) Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Nerve conduction studies (NCS)

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