

Case Number:	CM14-0100904		
Date Assigned:	03/25/2015	Date of Injury:	09/17/2012
Decision Date:	05/01/2015	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old male, who sustained an industrial injury on 09/17/2012. He has reported subsequent neck, back and shoulder pain and was diagnosed with lumbar disc protrusion, lumbar sprain/strain, left shoulder impingement syndrome, lumbar radiculopathy and cervical sprain/strain. Treatment to date has included oral pain medication, chiropractic therapy and bracing. In a progress note dated 04/11/2014, the injured worker complained of shoulder and back pain. Objective findings were notable for decreased range of motion of the bilateral shoulders with positive Neer's and Hawkin's signs. The physician requested nerve conduction studies/electromyography 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:

EMG/NCV of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Worker's Compensation, Online Edition Chapter: Shoulder (Acute & Chronic), Electrodiagnostic testing for TOS (Thoracic Outlet Syndrome).

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

Decision rationale: The patient presents with shoulder, neck and low back pain. The request is for EMG/NCV of the bilateral upper extremities. The request for authorization is not provided. The patient is status-post right shoulder surgery, 2014. MRI of the cervical spine, 03/18/15, shows borderline developmental spinal stenosis; multilevel cervical discogenic disease with osteophytes at virtually every level throughout the cervical spine; and multilevel neural foraminal stenosis. The patient complains of constant severe stabbing, throbbing neck pain, stiffness and heaviness. Chiropractic therapy is helping. Patient's diagnosis includes cervical pain, cervical sprain/strain and rule out cervical disc protrusion. There is tenderness to palpation of the bilateral upper trapezil, cervical paravertebral muscles and cervicothoracic junction. There is tenderness to palpation of the anterior shoulder. Neer's and Hawkin's is positive. There is tenderness to palpation of the lumbar paravertebral muscles. Sitting straight leg raise is negative. The patient is temporarily totally disabled. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." The provider does not discuss the request. However, given the patient's upper extremity symptoms, physical examination findings and diagnosis, EMG/NCS studies would appear reasonable. Furthermore, there is no evidence that this patient has had prior upper extremity EMG/NCV studies done. The request appears to meet guideline criteria. Therefore, the request IS medically necessary.