

Case Number:	CM14-0189221		
Date Assigned:	11/17/2014	Date of Injury:	04/11/2014
Decision Date:	01/14/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/10/2014

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 Orthopedic Surgery, 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 27-year-old male who has submitted a claim for brachial neuritis or radiculitis, shoulder contusion and neck sprain associated with an industrial injury date of 4/11/2014. Medical records from 2014 were reviewed. The patient complained of left shoulder pain rated 9-10/10 radiating to the left arm, and associated with weakness and numbness. Physical examination of the left upper extremity showed weakness, tenderness, positive Hawkin's sign, positive Neer's sign and limited motion. Sensation was diminished at the left hand. The MRI of the left shoulder showed tendinitis. Treatment to date has included physical therapy, cortisone injection to the shoulder and medications. The present request for NCV is to determine source of pain generation. The utilization review from 10/24/2014 denied the request for NCV of the left upper extremity because there is minimal justification for performing an NCV when a patient is presumed to have symptoms on the basis of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV Left Upper Extremity: Upheld

Claims Administrator 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), Treatment Index, 11th Edition (web), 2014, neck - Nerve conduction studies (NCS)

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, 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 left shoulder pain rated 9-10/10 radiating to the left arm associated with weakness and numbness. Physical examination of the left upper extremity showed weakness, tenderness, positive Hawkin's sign, positive Neer's sign and limited motion. Sensation was diminished at the left hand. The present request for NCV is to determine source of pain generation. However, the patient's clinical manifestations are consistent with radiculopathy. The MRI has also documented presence of shoulder tendinitis. There is no evidence of neuropathy to warrant an NCV. There is no discussion concerning need for variance from the guidelines. Therefore, the request for NCV of the left upper extremity is not medically necessary.