

Case Number:	CM14-0192223		
Date Assigned:	11/25/2014	Date of Injury:	05/14/2012
Decision Date:	02/25/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/17/2014

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 55 year old female with date of injury 05/14/12. There was no specific physician report included that was relevant to the current request. The following information comes from a QME Report. The QME report dated 09/23/14 (14) indicates that the patient presents with moderate constant neck, right shoulder pain worsening with activity (pain scale 2/10) and bilateral hand numbness confirmed by physical examination. The physical examination findings reveal that the shoulders and neck have full ROM. Tenderness, guarding and spasms with palpation of more left than right trapezius muscles. There is tenderness with palpation of the bilateral dorsal forearms muscles, especially lateral elbows (more left than right). Full ROM of wrists, fingers, and thumbs without loss of strength. Decreased left C8 sensory examination and positive Phalen's signs bilaterally. The current diagnoses are: 1.Bilateral upper extremity repetitive injury. 2.Bilateral lateral epicondylitis. 3.Bilateral shoulders sprain. The utilization review report dated 11/05/14 (4) denied the request for EMG-NCV based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

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

Decision rationale: The patient presents with neck and shoulder pain. The current request is for EMG left upper extremity. The QME report indicates that the current request is to rule out nerve damage. ACOEM Guidelines state, "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 assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. Regarding repeat studies, "...test may be repeated later in the course of treatment if symptoms persist." In this case, the patient has bilateral hand numbness, which may be caused by radiculopathy or neuropathy. The current request is in accordance with the ACOEM guidelines for EMG. The request is medically necessary and appropriate.

NCV left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The patient presents with neck and shoulder pain. The current request is for NCV right upper extremity. The QME report indicates that the current request is to rule out nerve damage. ACOEM Guidelines state, "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 assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected." Regarding repeat studies, "...test may be repeated later in the course of treatment if symptoms persist." The ODG guidelines state, "Not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but 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." In this case, the patient has not been clearly diagnosed with radiculopathy and the physician has stated that there is need to rule out radiculopathy vs. neuropathy. The current request is medically necessary.

NCV right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation ODG

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