

Case Number:	CM14-0200457		
Date Assigned:	01/05/2015	Date of Injury:	03/07/2010
Decision Date:	02/17/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/01/2014

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 Occupational 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 63 year old male with a date of injury on March 7, 2010. A review of the medical records indicate treatment for Cervical Discopathy with Radiculitis, Lumbar Discopathy with Radiculitis, Carpal Tunnel/Double Crush Syndrome, and Electrodiagnostic evidence of bilateral Carpal Tunnel Syndrome and left C5 radiculopathy, right hip small Labral tear and left hip Labral tear. Subjective complaints (10/8/2014) include "increasing pain of the cervical spine that radiates to the left upper extremity with numbness and tingling". Constant pain in the cervical spine that is aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level. The pain is characterized as sharp; there are associated headaches that are migrainous in nature as well as tension between the shoulder blades the pain is described as worsening. Physical exam of the cervical spine revealed palpable paravertebral muscle tenderness with spasm, positive axial loading compression test, Spurling's maneuver was positive, limited range of motion, tingling and numbness into the anterolateral shoulder and arm, lateral forearm and hand greatest over the thumb and middle finger the lumbar spine exam revealed palpable paravertebral muscle tenderness with spasm, seated nerve root test was positive, range of motion was guarded and restricted and the bilateral hips revealed pain and tenderness in the lateral aspect of the hips and range of motion pain with terminal motion. Treatment has included physical therapy but duration and number of sessions were not disclosed, right shoulder arthroscopy on May 7, 2010 and right shoulder arthroscopy with arthroscopic rotator cuff repair on July 19, 2013, and medications. Utilization review dated 11/11/2014 non-certified a request for EMG of 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) of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, EMG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS)

Decision rationale: ACOEM Practice Guidelines 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." The Official Disability Guidelines states "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies." Official Disability Guidelines further clarifies, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." Medical records indicate clinically obvious radiculopathy to the left upper extremity, which is an Official Disability Guidelines indication to not undergo EMG testing. As such, the request for EMG of the bilateral upper extremities is not medically necessary.