

Case Number:	CM14-0200931		
Date Assigned:	12/11/2014	Date of Injury:	05/24/1994
Decision Date:	02/03/2015	UR Denial Date:	11/03/2014
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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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:

This patient is a 52-year-old male with a date of injury of May 24, 1994. According to treatment report dated September 10, 2014, the patient presents with chronic right shoulder, right arm, right hand and wrist pain. The right shoulder pain radiates into the arm hand/wrists. Patient is status post right shoulder arthroscopic surgery from 1999. Patient has been treated with physical therapy, injections and medications. Patient is currently not working and receiving SSI benefits. Physical examination of the right shoulder revealed decreased range of motion on all planes. Palpation of the trapezius demonstrated tenderness and hypertonicity. Supraspinatus, Neer's impingement and Hawkins's impingement tests were all positive. Examination of the right wrist revealed decreased range of motion on all planes and Phalen's test was positive. The patient has had an MRI of the right shoulder in 2009 which revealed "moderate enlargement and increased signal intensity of the most distal 2.5 CM of the supraspinatus and infraspinatus tendons, consistent with moderate tendinitis." The listed diagnoses are: 1. Status post healed laceration, right forearm 2. Right wrist carpal tunnel syndrome, status post carpal tunnel release 3. Right shoulder impingement syndrome, status post arthroscopic decompression 1994. Rule out rotator cuff tear, right shoulder. The treating physician states that given the patient's worsening of right shoulder symptoms he would like to recommend an EMG/NCV studies of the upper extremities to further evaluate for radiculopathy. The utilization review denied the request on November 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography) of left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck (Acute and Chronic) Chapter and Carpal Tunnel Syndrome (Acute and Chronic) Chapter, Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 206. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cervical chapter: Electromyography (EMG)

Decision rationale: This patient presents with chronic right shoulder, right arm, right hand and wrist pain. The pain radiates from the right shoulder down to the arm and hand/wrist. The current request is for EMG (Electromyography) of the left upper extremity. The Utilization review denied the request stating that the patient's right -sided complaints would not substantiate the request for left upper extremity EMG. For EMG of the upper extremities, the ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The ODG guidelines Online, Cervical chapter: Electromyography (EMG) state that EMG is recommended as an option in selected cases. There is no prior EMG testing found in the medical records provided. The patient has continued complaints of radiating pain into the right upper extremity, there are no concerns regarding pain or radicular symptoms of the left extremity. The requested EMG of the left extremity IS NOT medically necessary.

EMG (electromyography) of right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck (Acute and Chronic) Chapter and Carpal Tunnel Syndrome (Acute and Chronic) Chapter, Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 206. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cervical chapter: Electromyography (EMG)

Decision rationale: This patient presents with chronic right shoulder, right arm, right hand and wrist pain. The pain radiates from the shoulder down to the arm and hand/wrist. The current request is for EMG (Electromyography) of the right upper extremity. The Utilization review denied the request stating that an EMG is not necessary "as there is no objective evidence of radiculopathy in the right shoulder." For EMG of the upper extremities, the ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The ODG guidelines Online, Cervical chapter: Electromyography (EMG) state that EMG is recommended as an option in selected cases. There is no prior EMG testing found in the medical records provided. The patient has continued complaints of radiating pain into the right upper extremity, and the treating physician is

requesting an EMG to establish the presence of radiculopathy. The requested right upper extremity EMG IS medically necessary.

NCV (nerve conduction velocity) of left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck (Acute and Chronic) Chapter and Carpal Tunnel Syndrome (Acute and Chronic) Chapter, Nerve conduction studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 206. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cervical chapter: Nerve conduction studies (NCS)

Decision rationale: This patient presents with chronic right shoulder, right arm, right hand and wrist pain. The pain radiates from the shoulder down to the arm and hand/wrist. The current request is for NCV (nerve conduction velocity) of left upper extremity. For NCV of the upper extremities, the ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The ODG guidelines Online, Cervical chapter: Nerve conduction studies (NCS) states, "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 continues with right upper extremity symptoms. There are no subjective complaints or objective findings regarding the left upper extremity. The requested NCV testing for the left upper extremity IS NOT medically necessary.