

Case Number:	CM14-0202357		
Date Assigned:	12/12/2014	Date of Injury:	07/28/2014
Decision Date:	03/13/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/03/2014

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 reported an injury on 08/14/2014 due to cumulative trauma. The clinical note dated 10/15/2014 revealed the injured worker had complaints of pain to the cervical spine, lumbar spine and bilateral shoulders and knees associated with numbness and aching. Upon examination of the cervical spine, there was tightness, spasm and muscle guarding of the trapezius, sternocleidomastoid and strap muscles. There were positive Spurling's tests bilaterally and a positive foraminal compression test. Examination of the bilateral shoulders revealed physical exam findings of tenderness of the greater tuberosities bilaterally with subacromial grinding and clicking on the right, with tenderness over the rotator cuff muscles bilaterally. There were positive impingement tests bilaterally. Examination of the lumbar spine revealed a positive straight leg raise at 70 degrees on the right and cross positive 85 degrees on the left eliciting pain in the L5-S1 dermatomal distribution. There was tightness and spasm noted over the paraspinal musculature. Examination of the knees noted a positive right sided McMurray's with medial tenderness. There was medial and lateral joint line tenderness on the right and medial joint line tenderness on the left with a positive chondromalacia patella compression test to the right. The diagnoses were cervical sprain/strain, right shoulder sprain/strain, left shoulder sprain/strain, right wrist sprain/strain, right hand sprain/strain, left hand sprain/strain, lumbar sprain/strain, right knee sprain/strain and left knee sprain/strain. The provider recommended an EMG of the bilateral upper extremities and an NCV of the bilateral upper extremities to establish the presence of radiculitis/neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, EMG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for an EMG of the right upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines state that electromyography/EMG and nerve conduction velocity/NCV, including H-reflex tests, may help identify subtle focal neurologic dysfunction in injured workers with neck or arm symptoms or both, lasting more than 3 or 4 weeks. The Official Disability Guidelines do not recommend a nerve conduction study as there is minimal justification for performing a nerve conduction study when the injured worker is presumed to have symptoms on the basis of radiculopathy. The systematic review of meta-analysis demonstrates that neurologic testing procedures have limited overall diagnostic accuracy in detecting disc herniation when suspected radiculopathy. The included medical documentation lacked evidence that the injured worker had failed initially recommended conservative care to include medications, physical therapy and/or home exercise. The physical exam note spasm, muscle guarding and positive bilateral Spurling's and positive foraminal compression tests. Without evidence that the injured worker had failed initially recommended conservative care and observation without relief of symptoms, an EMG or NCV of the upper extremities would not be indicated. Additionally, the guidelines do not recommend nerve conduction studies for the upper extremities. As such, medical necessity has not been established.

NCV of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

Decision rationale: The request for an NCV of the left upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines state that electromyography/EMG and nerve conduction velocity/NCV, including H-reflex tests, may help identify subtle focal neurologic dysfunction in injured workers with neck or arm symptoms or both, lasting more than 3 or 4 weeks. The Official Disability Guidelines do not recommend a nerve conduction study as there is minimal justification for performing a nerve conduction study when the injured worker is presumed to have symptoms on the basis of radiculopathy. The systematic review of meta-analysis demonstrates that neurologic testing procedures have limited overall diagnostic accuracy

in detecting disc herniation when suspected radiculopathy. The included medical documentation lacked evidence that the injured worker had failed initially recommended conservative care to include medications, physical therapy and/or home exercise. The physical exam note spasm, muscle guarding and positive bilateral Spurling's and positive foraminal compression tests. Without evidence that the injured worker had failed initially recommended conservative care and observation without relief of symptoms, an EMG or NCV of the upper extremities would not be indicated. Additionally, the guidelines do not recommend nerve conduction studies for the upper extremities. As such, medical necessity has not been established.

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Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, EMG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for an EMG of the left upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines state that electromyography/EMG and nerve conduction velocity/NCV, including H-reflex tests, may help identify subtle focal

neurologic dysfunction in injured workers with neck or arm symptoms or both, lasting more than 3 or 4 weeks. The Official Disability Guidelines do not recommend a nerve conduction study as there is minimal justification for performing a nerve conduction study when the injured worker is presumed to have symptoms on the basis of radiculopathy. The systematic review of meta-analysis demonstrates that neurologic testing procedures have limited overall diagnostic accuracy in detecting disc herniation when suspected radiculopathy. The included medical documentation lacked evidence that the injured worker had failed initially recommended conservative care to include medications, physical therapy and/or home exercise. The physical exam note spasm, muscle guarding and positive bilateral Spurling's and positive foraminal compression tests. Without evidence that the injured worker had failed initially recommended conservative care and observation without relief of symptoms, an EMG or NCV of the upper extremities would not be indicated.