

Case Number:	CM14-0209138		
Date Assigned:	12/22/2014	Date of Injury:	04/21/2011
Decision Date:	02/12/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/15/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 50-year-old woman who sustained a work-related injury on April 21, 2011. Subsequently, she developed chronic elbow and shoulder pain. The patient underwent arthroscopic right shoulder subacromial decompression, distal clavicle resection, and extensive debridement of the superior labrum performed on September 18, 2013 and a right carpal tunnel repair performed on March 7, 2012. An ultrasound of the right upper extremity performed on December 18, 2012 showed extensive tendinosis of the distal insertion of the supraspinatus and subscapularis tendons with no full thickness rotator cuff tear, and evidence of supraspinatus outlet impingement with severe degenerative changes of the acromioclavicular joint. MRI of the right shoulder performed on July 9, 2011 showed the acromion was type 1 to 2 with moderate changes seen to the acromioclavicular joint with impingement. An EMG/NCV study performed on July 13, 2011 documented moderate right carpal tunnel syndrome and median neuropathy that affected the sensory fibers. MRI of the right wrist performed on September 30, 2013 showed osseous structures and cartilage surfaces with no evidence of fracture. According to the progress report dated November 11, 2014, the patient complained of right shoulder and right wrist pain. The pain was moderate to severe with burning and numbness. The physical examination of the right wrist revealed tenderness to palpation with flexion and extension, with positive Tinel's test and positive Phalen's test. There was decreased sensation. Examination of the right shoulder revealed motor strength to be at 4+/5 with positive impingement sign, tenderness to palpation at the AC joint, flexion to 120 degrees, extension to 20 degrees, abduction to 28 degrees, adduction at 120 degrees, and internal rotation at 60 degrees. The patient was diagnosed with cervicogenic headaches, cervical spine sprain/strain, cervical spine radiculopathy, right shoulder sprain/strain, right shoulder impingement syndrome, acromioclavicular degenerative joint disease, and rotator cuff tendinosis. The provider requested authorization for EMG/NCV of the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electromyography/Nerve Conduction Velocity (EMG/NCV) of the Left Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: According to MTUS guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks". EMG has excellent ability to identify abnormalities related to disc protrusion. According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study 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" (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation and is useful to identify physiological insult and anatomical defect in case of neck pain and back pain. There is no documentation of peripheral nerve damage, cervical radiculopathy and entrapment neuropathy that requires electrodiagnostic testing. There is no documentation of significant change in the patient condition. Therefore, the request for EMG/NCV of the left upper extremity is not medically necessary.