

Case Number:	CM15-0008583		
Date Assigned:	01/30/2015	Date of Injury:	12/29/2013
Decision Date:	03/26/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/15/2015

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 43-year-old female, who sustained an industrial injury on 12/29/13. She has reported neck, upper back and right arm injuries while working as a housekeeper. The diagnoses have included cervicalgia, lateral epicondylitis, and shoulder pain. Treatment to date has included medications, diagnostics, and physical therapy. Currently, the injured worker complains of pain in right arm and shoulders and neck pain and spasms radiating to both shoulders. The pain is associated with numbness right hand, arm, and weakness in the right hand. The pain is constant and the severity of the pain is rated 8-9/10. There is more pain in the upper back and it is aggravated by pushing, pulling, and reaching. Due to the pain, the injured worker has avoided working, exercising, chores, and recreation. Physical exam revealed limited range of motion of cervical spine with tenderness. There is normal sensation in the upper and lower extremities. Request was for tests for ruling out radiculopathy upper and lower extremities. She had finished 6 physical therapy sessions with no improvement. Work status was modified duty with restrictions. On 12/16/14 Utilization Review non-certified a request for NCS right upper extremity, NCS left upper extremity, EMG left upper extremity and EMG left upper extremity, noting that based on the clinical information submitted and evidenced based guidelines the request is non certified. The (ACOEM) Occupational Medicine Practice Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, EDS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official disability guidelines Neck & upper back chapter, NCV

Decision rationale: The patient presents with pain, rated 8-9/10, in right arm and shoulders and neck pain radiating to both shoulders. The pain is associated with numbness in the right hand and arm and weakness in the right hand. The request is for NCS RIGHT UPPER EXTREMITY. The RFA provided is dated 11/07/14. Patient's diagnosis on 12/04/14 included lateral epicondylitis, shoulder pain, and cervicalgia. Patient is to return to modified duty. The ACOEM guidelines page 262 on EMG/NCV states that appropriate studies EDS may help differentiate between CTS and other condition such as cervical radiculopathy. In addition, ODG states that electrodiagnostic testing includes testing for nerve conduction velocities NCV and possibly the addition of electromyography EMG. Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks. ACOEM guidelines Ch. 11 page 262 states that tests may be repeated later in the course of treatment if symptoms persist. Per progress report dated 12/04/14, treater rationale for requesting EMG/NCS of the bilateral upper extremities is to rule out cervical radiculopathy versus peripheral nerve entrapment. In this case, there is no reference to prior NCS and the patient continues with neck pain with radicular symptoms. Given the patient's upper extremity symptoms, physical examination findings, diagnosis and ACOEM discussion, NCS studies would appear reasonable. Therefore, the request IS medically necessary.

EMG left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, EDS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The patient presents with pain, rated 8-9/10, in right arm and shoulders and neck pain radiating to both shoulders. The pain is associated with numbness in the right hand and arm and weakness in the right hand. The request is for EMG LEFT UPPER EXTREMITY. The RFA provided is dated 11/07/14. Patient's diagnosis on 12/04/14 included lateral epicondylitis, shoulder pain, and cervicalgia. Patient is to return to modified duty. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 178 states: 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. Per progress report dated 12/04/14, treater rationale for requesting EMG/NCS of the bilateral upper extremities is to rule out cervical radiculopathy versus peripheral nerve entrapment. In this case, there is no reference to prior EMG and the patient continues with neck pain with radicular symptoms. Given the patient's upper extremity symptoms, physical examination findings, diagnosis and ACOEM discussion, EMG studies would appear reasonable. Therefore, the request IS medically necessary.

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MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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