

Case Number:	CM15-0133390		
Date Assigned:	07/21/2015	Date of Injury:	03/02/2012
Decision Date:	08/17/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/10/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 58 year old female, who sustained an industrial injury on 3/2/2012. The mechanism of injury was from cutting materials with a blade. The injured worker was diagnosed as having right rotator cuff syndrome and right carpal tunnel syndrome. There is no record of a recent diagnostic study. Treatment to date has included acupuncture, chiropractic care, right shoulder injection and medication management. In a progress note dated 6/8/2015, the injured worker complains of right shoulder/elbow/wrist pain associated with weakness /numbness of the hand. Physical examination showed decreased cervical range of motion and painful range of motion of the right upper extremity. The treating physician is requesting electromyography (EMG) /nerve conduction study (NCS) of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyelography)/ NCV (Nerve Conduction Velocity) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 265.

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is 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 physician noted on 3/6/15 that the primary problem is likely due to carpal tunnel. An orthopedic consult was requested for cervical pain. The request for an EMG/NCV is not necessary at this time since the likelihood of central cervical disease is low and the orthopedic consultation to heighten the need has not been completed. The EMG/NCV is not medically necessary.