MAXIMUS Federal Services

Case Number:	CM15-0138258		
Date Assigned:	07/28/2015	Date of Injury:	09/01/2014
Decision Date:	09/16/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/16/2015

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: Preventive Medicine, Occupational Medicine

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 62 year old male who sustained an industrial injury on 09/01/2014. Mechanism of injury has accumulated over a period of time from repetitive work of deep tissue massage and a busy work load. Diagnoses include strain of bilateral upper extremities, upper traps, upper thoracic region and neck slowly improving with aggressive physical therapy. Treatment to date has included diagnostic studies, medications, physical therapy, and a home exercise program. On 01/27/2015 x rays of the bilateral wrists and hands showed osteopenia, with no acute abnormality. On 01/27/2015 x rays of the right shoulder showed mild sclerotic changes in the right humerus greater tubercle that may reflect a chronic rotator cuff abnormality. Bilateral hip x rays were normal. A physician progress note dated 06/03/2015 documents the injured worker has pain in the upper arm, wrist and upper back pain. Pain in the right hip has resolved. He tried to return to work and did 3 facials in a row with increased pain in upper arms, neck and upper trapezius. He subsequently went for therapy which was beneficial as it increased his range of motion and decreases his pain. He is now able to return to work doing 3-4 facials a day. He does report pain and stiffness in the neck and upper trapezius which is slowly responding to physical medicine. On examination the neck has tenderness in the right paraspinal region rated at 2+ with acute spasm noted. There is limited right and left lateral rotation with significant pain at end range. He has right greater than left tenderness in the upper trapezius. There is significant tenderness over the bilateral forearms. He appears to have some persistent numbness in the right upper extremity, primarily in the C7-C8 distribution. The treatment plan includes physical therapy. Treatment requested is for EMG (electromyography) of Left Upper Extremity, EMG (electromyography) of Right Upper Extremity, NCV (nerve conduction velocity) of Left Upper Extremity, and NCV (nerve conduction velocity) of Right Upper Extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV (nerve conduction velocity) of Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, there is subjective complaints of radiculopathy, however, per available documentation, the injured worker is progressing with physical therapy and his symptoms have begun to improve. The request for NCV (nerve conduction velocity) of right upper extremity is determined to not be medically necessary.

NCV (nerve conduction velocity) of Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, there is subjective complaints of radiculopathy, however, per available documentation, the injured worker is progressing with physical therapy and his symptoms have begun to improve. The request for NCV (nerve conduction velocity) of left upper extremity is determined to not be medically necessary.

EMG (electromyography) of Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, although the injured worker has subjective complaints of radiculopathy, he is progressing with the use of physical therapy and has had a decrease in symptoms. The request for EMG (electromyography) of right upper extremity is determined to not be medically necessary.

EMG (electromyography) of Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, although the injured worker has subjective complaints of radiculopathy, he is progressing with the use of physical therapy and has had a decrease in symptoms. The request for EMG (electromyography) of left upper extremity is determined to not be medically necessary.