

Case Number:	CM15-0142621		
Date Assigned:	08/03/2015	Date of Injury:	09/29/2011
Decision Date:	09/02/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/22/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 41 year old woman sustained an industrial injury on 9-29-2011. The mechanism of injury is not detailed. Diagnoses include myofascial syndrome of the left shoulder and upper trapezius, residual impingement syndrome and acromioclavicular joint symptoms of the right shoulder, bilateral medial epicondylitis with probable cubital tunnel syndrome, and bilateral cumulative repetitive stress injury of the upper extremities. Treatment has included oral medications, physical therapy, and surgical intervention. Physician notes from the orthopedic surgeon dated 5-22-2015 show complaints of left upper trapezial and left shoulder pain, bilateral volar wrist stiffness with intermittent bilateral mid-palmar tingling. Recommendations include functional capacity evaluation, left shoulder MRI, electromyogram and nerve conduction study report sent to office.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, EMG/NCS of the bilateral upper extremities is not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings that identifies specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Nerve conduction studies are 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-neuropathies if other diagnoses may be likely based on physical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic property or some problem other than cervical radiculopathy. In this case, the injured worker's working diagnoses are cervical strain; bilateral medial epicondylitis; status post right shoulder surgery; status post bilateral carpal tunnel release; and myofascial pain syndrome. Date of injury is September 29, 2011. Request for authorization is June 18, 2015. According to a May 27, 2015 new patient PM&R encounter, subjectively the injured worker complains of left trapezius pain and right shoulder pain. The injured worker status post bilateral carpal tunnel release surgeries and right shoulder arthroscopy May 22, 2014. Objectively, cervical spine is nontender, range of motion is normal with normal motor function. There is tenderness to help patient over the medial epicondyle. An AME was performed May 22, 2015. The injured worker reports she may have had an EMG/NCV by a [REDACTED]. An AME recommendation included review EMG and nerve conduction studies. The injured worker had bilateral carpal tunnel release surgeries with EMG/NCV's respectively perform. The treating provider (new PM&R) requested a copy of the AME that was unavailable at the time of the request for the EMG/NCV and was unaware of (potential) prior EMG/NCV studies. Consequently, absent clinical documentation indicating a thorough review of all prior medical records (AME performed May 22, 2015) including prior EMG and NCV studies (based on bilateral carpal release surgeries), EMG/NCS of the bilateral upper extremities is not medically necessary.