

Case Number:	CM15-0144074		
Date Assigned:	08/05/2015	Date of Injury:	07/31/2011
Decision Date:	09/22/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/24/2015

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: Pennsylvania, Ohio, 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 37-year-old male with an industrial injury dated 07-31-2011 through 09-15-2011 (cumulative trauma). He notes the injury as a result of having to crawl on hands and knees and falling on concrete. He states his hand inadvertently became clinched into a fist and he had to pry his hand open resulting in bruising, weakness and pain around his tendons and right elbow. His diagnoses included cervical radiculopathy, bilateral shoulder impingement, status post right shoulder rotator cuff repair, bilateral elbow tendinitis and bilateral wrist tendinitis. Prior treatment included physical therapy, chiropractic, acupuncture, massage, medications and shock wave therapy. Other treatments included right elbow injection, nerve conduction studies and MRI. He presented on 06/18/2015 with complaints of intermittent pain in neck and headaches. He notes he has difficulty sleeping and awakens with pain and discomfort. Other areas of pain were bilateral upper extremities. On physical exam spasm, tenderness and guarding was noted in the paravertebral muscles of the cervical spine with decreased range of motion. There was decreased dermatomal sensation with pain over the right cervical 7 dermatome. Impingement was noted to be positive over the shoulders bilaterally. Tenderness was noted over the medial and lateral epicondyles with decreased range of motion. Range of motion of the wrist was decreased. Treatment plan consisted of acupuncture and follow up. The treating physician documents: "The patient states that his radiculopathy continued mainly in the upper extremity. The physician documents radiculopathy is a red flag and an MRI of the cervical spine and neuro diagnostic studies of bilateral upper extremities are being requested. The treatment request is for: NCV (nerve conduction velocity). Right Upper Extremities. NCV (nerve conduction velocity). Left Upper Extremities. EMG (electromyography) Right Upper Extremities. EMG (electromyography) Left Upper Extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography) Left Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 8 Neck and Upper Back Complaints Page(s): table 8-8, table 9-8, table 10-4. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back - Electromyography (EMG); Nerve conduction studies (NCS); Forearm, Wrist & Hand - Electrodiagnostic studies (EDS).

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

Decision rationale: MTUS/ACOEM recommends electrodiagnostic studies of the cervical spine/upper extremities to evaluate specific neurological symptoms/findings, which suggest a neurological differential diagnosis. The rationale or differential diagnosis for the currently requested electrodiagnostic study are not apparent; more specifically, this patient underwent a prior upper electrodiagnostic study and the records do not document a change in neurological examination or other clinical reasoning to support a basis for a repeat study. Therefore this request is not medically necessary.

EMG (electromyography) Right Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): table 8-8, table 9-8, table 10-4. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back - Electromyography (EMG); Nerve conduction studies (NCS); Forearm, Wrist & Hand - Electrodiagnostic studies (EDS).

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

Decision rationale: MTUS/ACOEM recommends electrodiagnostic studies of the cervical spine/upper extremities to evaluate specific neurological symptoms/findings, which suggest a neurological differential diagnosis. The rationale or differential diagnosis for the currently requested electrodiagnostic study are not apparent; more specifically, this patient underwent a prior upper electrodiagnostic study and the records do not document a change in neurological examination or other clinical reasoning to support a basis for a repeat study. Therefore, this request is not medically necessary.

NCV (nerve conduction velocity) Left Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): table 8-8, table 9-8, table 10-4. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back - Electromyography (EMG); Nerve conduction studies (NCS); Forearm, Wrist & Hand - Electrodiagnostic studies (EDS).

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NCV (nerve conduction velocity) Right Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): table 8-8, table 9-8, table 10-4. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back - Electromyography (EMG); Nerve conduction studies (NCS); Forearm, Wrist & Hand - Electrodiagnostic studies (EDS).

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