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| Case Number: | CM15-0162516 | | |
| Date Assigned: | 08/28/2015 | Date of Injury: | 06/11/2012 |
| Decision Date: | 10/15/2015 | UR Denial Date: | 08/06/2015 |
| Priority: | Standard | Application Received: | 08/18/2015 |

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 32 year old male, who sustained an industrial-work injury on 6-11-12. A review of the medical records indicates that the injured worker is undergoing treatment for possible brachial plexopathy, possible thoracic outlet syndrome, right shoulder pain status post-surgery, possible ulnar neuropathy, and depression. Medical records dated (2-3-15 to 7-21-15) indicate that the injured worker complains of paresthesia in the bilateral arms, pain in the fingers the bilateral hands with decreased sensation to light touch and grip strength is 4 out of 5 bilaterally. There is numbness in the right great toe with decreased sensation in the right L5 dermatome. He complains of popping in the neck as well as numbness and tingling. The medical record dated 7-20-15 the physician indicates that the injured worker has continued right shoulder and arm pain which is the same and no new changes. The medical record dated 6-22-15 the physician indicates that the injured worker complains of constant right shoulder pain with burning and stinging with weakness, numbness and tingling. The pain is rated 6 out of 10 on pain scale and 8 out of 10 with activities. There is frequent bilateral hand pain rated 6 out of 10 with rest and 8 out of 10 with activities. It is associated with numbness, tingling, weakness and swelling. There is constant bilateral upper hand pain rated 6 out of 10 on pain scale while resting and 8 out of 10 with activities. The pain also radiates to the bilateral hands. The medical records also indicate worsening of the activities of daily living which are severely affected due to pain. Per the treating physician report dated 2-3-15 the employee has returned to work with light duties. The physical exam dated from (6-22-15 to 7-20-15) reveals the cervical spine and shoulders range of motion is within normal limits. There was no right radial pulse with abduction on the right shoulder. There was tenderness to palpation noted over the right axilla.

The cross arm and Hawkin's tests were positive on the right shoulder. Treatment to date has included pain medication, diagnostics, history of right shoulder surgery times 4, scalene blocks with no relief, right shoulder cortisone injection with no relief, at least 8-12 sessions of physical therapy with no relief and home exercise program (HEP). The plan was to start Lyrica, stop Gabapentin as it failed and made him tired , obtain electromyography (EMG)-nerve conduction velocity studies (NCV) of the bilateral upper extremities and Magnetic Resonance Imaging (MRI) of the right brachial plexus and thoracic outlet syndrome. The original Utilization review dated 8-6-15 non- certified a request for electromyography (EMG) /nerve conduction velocity studies (NCV) of both upper extremities, as there is no neurological findings or symptoms noted on exam, therefore not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of both upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The patient was injured on 06/11/12 and presents with right shoulder pain and arm pain. The request is for an EMG/NCS Of Both Upper Extremities. The utilization review rationale is that "the claimant does not have neurological findings on exam and does not clearly have neurological symptoms." The RFA is dated 07/06/15 and the patient is working with modified work duty. Review of the reports provided does not indicate if the patient had a prior EMG/NCS of the upper extremities. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 178 states: "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. 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." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." The patient has tenderness to palpation noted over the right axilla, a positive cross-arm test of the right shoulder, and a positive Hawkins test on the right shoulder. He is diagnosed with possible brachial plexopathy, possible thoracic outlet syndrome, right shoulder pain status post-surgery, possible ulnar neuropathy, and depression. The reason for the request is not provided. Given the patient's upper extremity complaints, an EMG/NCV appears reasonable. An EMG/NCV study may help the treater pinpoint the cause and location of the patient's symptoms. Therefore, the requested EMG/NCV for the upper extremity is medically necessary.