

Case Number:	CM15-0180807		
Date Assigned:	09/22/2015	Date of Injury:	11/06/2013
Decision Date:	10/28/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/14/2015

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: New Jersey

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:

This injured worker is a 51 year old male, who sustained an industrial injury on 11-06-2013. The injured worker was diagnosed as having discogenic cervical condition with facet inflammation, shoulder girdle involvement and headaches, post-concussion and right shoulder impingement, rotator cuff strain, acromioclavicular joint inflammation and bicipital tendonitis, ulnar nerve neuritis on the right, carpal tunnel syndrome on the right, nonspecific discomfort along the extensor muscle bilaterally at the forearms and element of stress, depression anxiety, insomnia and sexual dysfunction. On medical records dated 08-05-2015 and 07-01-2015, subjective complaints were noted as right arm issues, having to use the left arm to left right arm, able to lift more than 10 pounds with right hand, and avoids overhead activities. Objective findings were noted as abduction was 120 degrees and he was noted to have to use other arm to raise it. Tenderness along the rotator cuff was noted. Hawkins test and impingement sign was positive as well as a positive Tinel's sign. The injured worker was noted to be not working. Per documentation on 07-01-2015 injured worker underwent right arm nerve studies in the past which were noted to be negative. Treatment to date included surgical intervention, physical therapy, laboratory studies and medication. The Utilization Review (UR) was dated 08-19-2015. The UR submitted for this medical review indicated that the request for EMG and NCV of bilateral upper extremities was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

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): Diagnostic Criteria.

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, the provider requested EMG testing of bilateral upper extremities due to the ulnar nerve neuritis and carpal tunnel syndrome on the right. However, the only explanation found in the notes for this request was that nerve studies "need to be repeated at this time." There was prior EMG testing done in the past which were normal, and there was lack of significant change in symptoms and objective signs to warrant repeat nerve testing of both upper extremities. Therefore, the request for EMG of bilateral upper extremities will be considered medically unnecessary.

NCV of Bilateral Upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

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): Diagnostic Criteria.

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, the provider requested NCV testing of bilateral upper extremities due to the ulnar nerve neuritis and carpal tunnel syndrome on the right. However, the only explanation found in the notes for this request was that nerve studies "need to be repeated at this time." There was prior NCV testing done in the past which were normal, and there was lack of significant change in symptoms and objective signs to warrant repeat nerve testing of both upper extremities. Therefore, the request for NCV of bilateral upper extremities will be considered medically unnecessary.