

Case Number:	CM15-0181685		
Date Assigned:	09/23/2015	Date of Injury:	11/24/2012
Decision Date:	11/24/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/15/2015

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 York, California

Certification(s)/Specialty: Emergency 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 73 year old male, who sustained an industrial injury on 11-24-12. The injured worker has complaints of right shoulder pain that is constant moderate to severe achy, sharp, stabbing, burning right shoulder pain, stiffness, heaviness and weakness radiating to carpal tunnel and upper arm with numbness, weakness, cramping and muscle spasms. Examination shows far advanced atrophy of the first dorsal interosseous, clawing of the left ring and little fingers, intrinsic muscle weakness with poor fingers spread, there is also tenderness in the joints of the ring and little fingers . The injured worker feels constant pain in the left shoulder with increased numbness along the medial side of his forearm and the 4th and 5th fingers. There is tenderness to palpation of the L4-L5 spinous process, L5-S1 (sacroiliac) spinous processes and lumbar paravertebral muscles. There is significant atrophy of the left shoulder girdle and there is spasm of the left trapezius. X-rays on 3-17-15 of the shoulder and clavicle showed that the humerus sits superiorly in the glenoid fossa but there are no signs of fracture and there are multiple moderate to severe degenerative changes in the bone and joints, no fracture noted of the clavicle. The diagnoses have included nerve compression ulnar nerve and carpal tunnel syndrome. Treatment to date has status post right distal radius fracture and carpal tunnel decompression; left shoulder reverse total shoulder arthroplasty on 11-25-14; physical therapy and epidural injections. The original utilization review (8-7-15) non-certified the request for electromyography and nerve conduction velocity study of the left and right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and hand: Electrodiagnostic Studies.

Decision rationale: There is no documentation of previous EMG/NCV. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. The MTUS, per the citations listed above, outlines specific indications for electrodiagnostic testing, and these indications are based on specific clinical findings. The physician should provide a diagnosis that is likely based on clinical findings, and reasons why the test is needed. The clinical evaluation is minimal and there is no specific neurological information showing the need for electrodiagnostic testing. According to ODG guidelines, "Electrodiagnostic studies are recommended for neurotrauma (e.g., traumatic nerve lesion). Injury to the ulnar nerve can occur at the wrist and forearm in addition to median nerve injury at the wrist and ulnar nerve injury at the elbow. Studies may be done if the provider suspects ulnar nerve injury at the wrist and wants electrodiagnostic testing prior to deciding on surgical treatment." The documentation consistently documents sensory and motor deficits of the left arm. The IW had a left shoulder replacement and then a subsequent fall and injury to the same. The subjective complaints, objective findings and history of injury support the request for nerve injury and therefore the request for EMG testing is medically necessary.

EMG of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand: electrodiagnostic imaging.

Decision rationale: There is no documentation of previous EMG/NCV. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. The MTUS, per the citations listed above, outlines specific indications for electrodiagnostic testing, and these indications are based on specific clinical findings. The physician should provide a diagnosis that is likely based on clinical findings, and reasons why the test is needed. The clinical evaluation is minimal and there is no specific neurological information showing the need for electrodiagnostic testing. According to ODG guidelines, "Electrodiagnostic studies are recommended for neurotrauma (e.g., traumatic nerve lesion). Injury to the ulnar nerve can occur at the wrist and forearm in addition to median nerve injury at the wrist and ulnar nerve injury at the elbow. Studies may be done if the provider suspects ulnar nerve injury at the wrist and wants electrodiagnostic testing prior

to deciding on surgical treatment." Furthermore, ODG guidelines state, "Bilateral EMG is generally not necessary, but NCS may be necessary for comparison, depending on the results found on the affected side. If the NCS results are clearly abnormal, comparison is not necessary. If they are clearly normal, comparison is not necessary. However, if the results are borderline, the use of the unaffected side to get the closest measure of normal is appropriate since the standard is to use population normal, and a particular patient may be an outlier and test interpretation can be affected by this." The submitted documentation does not include subjective complaints, objective findings or history of injury of the right upper extremity to support the request for EMG testing. The request is not medically necessary.

NCV of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand: electrodiagnostic imaging.

Decision rationale: There is no documentation of previous EMG/NCV. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. The MTUS, per the citations listed above, outlines specific indications for electrodiagnostic testing, and these indications are based on specific clinical findings. The physician should provide a diagnosis that is likely based on clinical findings, and reasons why the test is needed. The clinical evaluation is minimal and there is no specific neurological information showing the need for electrodiagnostic testing. According to ODG guidelines, "Electrodiagnostic studies are recommended for neurotrauma (e.g., traumatic nerve lesion). Injury to the ulnar nerve can occur at the wrist and forearm in addition to median nerve injury at the wrist and ulnar nerve injury at the elbow. Studies may be done if the provider suspects ulnar nerve injury at the wrist and wants electrodiagnostic testing prior to deciding on surgical treatment." Furthermore, ODG guidelines states, "Bilateral EMG is generally not necessary, but NCS may be necessary for comparison, depending on the results found on the affected side. If the NCS results are clearly abnormal, comparison is not necessary. If they are clearly normal, comparison is not necessary. However, if the results are borderline, the use of the unaffected side to get the closest measure of normal is appropriate since the standard is to use population normal, and a particular patient may be an outlier and test interpretation can be affected by this." The submitted documentation does not include subjective complaints, objective findings or history of injury to support the request for EMG testing of the right upper extremity. The request is not medically necessary.

NCV of the left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electrodiagnostic studies.

Decision rationale: There is no documentation of previous EMG/NCV. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. The MTUS, per the citations listed above, outlines specific indications for electrodiagnostic testing, and these indications are based on specific clinical findings. The physician should provide a diagnosis that is likely based on clinical findings, and reasons why the test is needed. The clinical evaluation is minimal and there is no specific neurological information showing the need for electrodiagnostic testing. According to ODG guidelines, "Electrodiagnostic studies are recommended for neurotrauma (e.g., traumatic nerve lesion). Injury to the ulnar nerve can occur at the wrist and forearm in addition to median nerve injury at the wrist and ulnar nerve injury at the elbow. Studies may be done if the provider suspects ulnar nerve injury at the wrist and wants electrodiagnostic testing prior to deciding on surgical treatment." The documentation consistently documents sensory and motor deficits of the left arm. The IW had a left shoulder replacement and then a subsequent fall and injury to the same. The subjective complaints, objective findings and history of injury support the request for nerve injury and therefore the request for EMG testing is medically necessary.