

Case Number:	CM15-0182310		
Date Assigned:	09/23/2015	Date of Injury:	03/16/2011
Decision Date:	10/28/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/16/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old female, who sustained an industrial injury on 3-16-2011. The injured worker is being treated for right lateral epicondylitis, carpal tunnel syndrome, cervical radicular symptoms and right shoulder pain with positive impingement sign, cannot rule out intrinsic shoulder pathology. Treatment to date has included diagnostics, physical therapy, medications, injections, and splinting. Per the Primary Treating Physician's Progress Report dated 7-31-2015, the injured worker presented for initial consultation She reported right shoulder and right elbow pain. She rates the intensity of her pain as 10 out of 10 without medications and 8 out of 10 with pain medications. Per the notes "she has had positive electrodiagnostic studies in the past." Objective findings of the upper extremities included tenderness of the right lateral epicondyle. There was a positive Tinel's sign of the right and left wrists. The right shoulder had 60% range of motion with flexion, abduction and internal rotation. The plan of care included, and authorization was requested on 8-25-2015 for EMG (electromyography) and NCV (nerve conduction studies) of the bilateral upper extremities (BUE), magnetic resonance imaging (MRI) of the right shoulder and 6 sessions of physical therapy. On 9-01-2015, Utilization Review non-certified the request for EMG-NCV of the BUE.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography)/ NCV (nerve conduction velocity), Bilateral Upper Extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Syndrome (Acute & Chronic) - EMG (electromyography), NCS (nerve conduction study); Neck & Upper Back - EMG (electromyography).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 12, page 303. Key case observations are as follows. The claimant was injured in 2011 with right lateral epicondylitis, carpal tunnel syndrome, cervical radicular symptoms and right shoulder pain with positive impingement sign. As of July, there was right shoulder and right elbow pain. There was a positive Tinel's sign of the right and left wrists. The right shoulder had 60% range of motion with flexion, abduction and internal rotation. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. Also, the signs and symptoms are right sided, and so it is not clear why bilateral studies would be needed. The request was appropriately non-certified, therefore is not medically necessary.