

<b>Case Number:</b>	CM15-0183698		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	01/08/2005
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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 57 year old female injured worker suffered an industrial injury on 1-8-2005. The diagnoses included carpal tunnel syndrome bilaterally with decompression on the right, cubital tunnel syndrome bilaterally, epicondylitis, impingement syndrome on the right. On 9-9-2015 the treating provider reported on exam the shoulder motion was satisfactory with tenderness along the rotator cuff, acromioclavicular joint and biceps on the right side with findings of impingement and weakness to resisted functions. There was tenderness along the lateral epicondyle on the right side and medial epicondyle to a lesser extent. There was tenderness along the carpal tunnel on the left. The Utilization Review on 9-15-2015 determined non-certification for EMG/NCV study of the bilateral upper extremities and MRI of the right shoulder without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV study of the bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (acute and chronic) Chapter under EMG.

**Decision rationale:** The patient presents with pain in the right shoulder, bilateral elbows, bilateral wrists and hands. The request is for EMG/NCV study of the bilateral upper extremities. Patient is status post right carpal tunnel release, date unspecified, physical examination to the right shoulder on 09/09/15 revealed tenderness to palpation over the rotator cuff, acromioclavicular joint and biceps. Examination to the right elbow revealed tenderness to palpation along the lateral and medial epicondyle. Patient's treatments have included medication, TENS unit, and elbow bracing/pad. Per 09/09/15 Request For Authorization form, patient's diagnosis include lesion of ulnar nerve, lateral epicondylitis, shoulder impingement, and medial epicondylitis. Patient's medications, per 07/22/15 progress report include Norco, Lunesta, Protonix, and Naproxen. Patient is not working. 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". ODG Guidelines, Neck and Upper Back (acute and chronic) Chapter under EMG states "recommended as an option in select cases. ODG further states regarding EDS in carpal tunnel syndrome recommended in patients with clinical signs of CTS and may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), with the additional electromyography (EMG) is not generally necessary. Per progress report dated 07/22/15, patient's diagnosis include carpal tunnel syndrome bilaterally, status post decompression on the right with evidence of persistent carpal tunnel syndrome on the left for which surgery has been postponed and injections have been postponed, nerve studies are now two years old; cubital tunnel syndrome bilaterally, status post decompression; nerve studies are showing no residual findings in 2012; epicondylitis laterally more than medially, more on the right and lesser on the left, for which no surgery has been done and no injections provided. In this case, given the patient's symptoms following surgeries and lack of any recent EMG/NCV, the request for an EMG/NCV for further investigation is in accordance with guidelines. The request is medically necessary.

**MRI of the right shoulder without contrast:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging.

**Decision rationale:** The patient presents with pain in the right shoulder, bilateral elbows, bilateral wrists and hands. The request is for MRI of the right shoulder without contrast. Patient

is status post right carpal tunnel release, date unspecified, physical examination to the right shoulder on 09/09/15 revealed tenderness to palpation over the rotator cuff, acromioclavicular joint and biceps. Examination to the right elbow revealed tenderness to palpation along the lateral and medial epicondyle. Patient's treatments have included medication, TENS unit, and elbow bracing/pad. Per 09/09/15 Request for Authorization form, patient's diagnosis include lesion of ulnar nerve, lateral epicondylitis, shoulder impingement, and medical epicondylitis. Patient's medications, per 07/22/15 progress report include Norco, Lunesta, Protonix, and Naproxen. Patient is not working. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: "Indications for imaging, Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; Subacute shoulder pain, suspect instability/labral tear; Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" The treater has not specifically discussed this request. Review of the medical records provided did not indicate prior MRI of the right shoulder. The patient continues with pain in the right shoulder, physical examination to the right shoulder on 09/09/15 revealed tenderness along the rotator cuff, acromioclavicular joint and biceps along with impingement and weakness to resisted function. Given the patient's continued pain and positive examination findings, an MRI of the right shoulder appears to be reasonable and supported by the guidelines. Therefore, the request is medically necessary.