

Case Number:	CM15-0187570		
Date Assigned:	09/29/2015	Date of Injury:	03/20/2013
Decision Date:	11/13/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old male injured worker suffered an industrial injury on 3-20-2013. The diagnoses included headaches, cervical radiculopathy, right shoulder tendinitis, and right carpal tunnel syndrome and right ulnar injury. On 6-3-2015 the treating provider reported neurological findings on exam with no improvement after 6 weeks of conservative treatment determined medical necessity. On exam the left shoulder had reduced range of motion with tenderness and spasms noted over the bilateral trapezius and AAC joint. The "cross over test", Neer, Hawkins-Kennedy, Alpley's Scratch test were positive but it was unclear which shoulder was positive. The Tinel's Elbow sign, Elbow Flexion test were positive and again it was unclear which elbow was positive. The wrist was positive for Phalen's and Tinel's test and again it was not clear which wrist was positive. The left hand had weak grip strength. Prior treatment included physical therapy. The Utilization Review on 8-27-2015 determined non-certification for NCV/EMG of the left upper extremity and Small-pain-fibers (SPF-NCS) of the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV/EMG of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 13th Edition, Neck.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury with date of injury in March 2013 occurring while working as a handyman. The requesting provider saw him on 06/03/15. He had headaches, pain throughout the spine, and bilateral shoulder, wrist, hand, knee, ankle, and foot pain. Physical examination findings included a body mass index of 34.3. There was decreased cervical spine range of motion with tenderness and muscle spasms. Spurling's and cervical distraction testing was positive. There was bilateral elbow tenderness with positive Tinel's sign. Carpal compression and Phalen's test were positive. There was normal strength and normal upper extremity sensation. There was decreased bilateral lower extremity sensation. There was decreased lumbar spine range of motion with tenderness and muscle spasms. Straight leg raising was positive. Authorization was requested for bilateral lower extremity and lumbar spine small pain fiber NCS and left upper extremity NCV/EMG testing. Electrodiagnostic testing (EMG/NCS) is generally accepted, well established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there are no left lateralized upper extremity complaints or physical examination findings that would support the need for obtaining left upper extremity EMG or NCS testing at this time. This request is not medically necessary.

Small-pain-fibers (SPF-NCS) of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 13th Edition, Neck.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Quantitative sensory threshold (QST) testing.

Decision rationale: The claimant sustained a work injury with date of injury in March 2013 occurring while working as a handyman. The requesting provider saw him on 06/03/15. He had headaches, pain throughout the spine, and bilateral shoulder, wrist, hand, knee, ankle, and foot pain. Physical examination findings included a body mass index of 34.3. There was decreased cervical spine range of motion with tenderness and muscle spasms. Spurling's and cervical distraction testing was positive. There was bilateral elbow tenderness with positive Tinel's sign. Carpal compression and Phalen's test were positive. There was normal strength and normal upper extremity sensation. There was decreased bilateral lower extremity sensation. There was decreased lumbar spine range of motion with tenderness and muscle spasms. Straight

leg raising was positive. Authorization was requested for bilateral lower extremity and lumbar spine small pain fiber NCS and left upper extremity NCV/EMG testing. Electrodiagnostic testing (EMG/NCS) is generally accepted, well established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there are no left lateralized upper extremity complaints or physical examination findings that Quantitative testing for small fiber neuropathy is considered experimental or investigational, as there are no quality published studies to support any conclusions regarding the effects of this testing on health outcomes. The request is not considered medically necessary.