

Case Number:	CM15-0189715		
Date Assigned:	10/01/2015	Date of Injury:	11/13/2014
Decision Date:	12/04/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/25/2015

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: 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 34 year old female, who sustained an industrial injury on 11-13-14. The injured worker was diagnosed as having bilateral shoulder strain; shoulder tendinitis-bursitis; right shoulder rotator cuff tear; right shoulder impingement; left shoulder impingement. Treatment to date has included physical therapy; aqua therapy; acupuncture; bilateral shoulder injections; medications. Diagnostics studies included MRI right shoulder (1-30-15). Currently, the PR-2 notes dated 7-9-15 indicated the injured worker complains of chronic pain in her right shoulder. The provider notes "Overall, the patient is doing better. She would like to refrain from any aggressive treatment. While, she did develop depression initially, her condition has improved due to the fact that she is experiencing less pain. At this point, she does not take any medications. The patient is presently employed works full time." Denial of a psychological treatment and functional capacity was denied because medical necessity was not established. The provider notes, "On physical examination, the patient approximately has no pain on elevation of the right upper extremity. Impingement test is minimally positive. The patient does not need a refill of medications today." There is no additional documentation for physical examination on this date. PR-2 notes dated 4-23-15 discuss A MRI of the right shoulder done on 1-30-15 finding for a "focal through and through tear of the distal anterior supraspinatus tendon with adjacent bone marrow reactive recent change was noted. Normal biceps and labrum." Surgery was offered at that time. The injured worker refused the surgical option. She has had physical therapy and shoulder injections and continues to work. The provider's treatment plan is requesting at this time authorization for electronic studies to avoid peripheral nerve entrapment disorder. A Request for

Authorization is dated 9-25-15. A Utilization Review letter is dated 8-25-15 and non-certification was for EMG-NCV Study bilateral upper extremities. A request for authorization has been received for EMG-NCV Study bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG 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) Neck and upper back/EMGs (electromyography).

Decision rationale: The request is for an EMG. The ODG state the following regarding this topic: Recommended (needle, not surface) as an option in selected cases. The American Association of Electrodiagnostic Medicine conducted a review on electrodiagnosis in relation to cervical radiculopathy and concluded that the test was moderately sensitive (50%-71%) and highly specific (65%-85%). (AAEM, 1999) EMG findings may not be predictive of surgical outcome in cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. This is in stark contrast to the lumbar spine where EMG findings have been shown to be highly correlative with symptoms. Indications when particularly helpful: EMG may be helpful for patients with double crush phenomenon, in particular, when there is evidence of possible metabolic pathology such as neuropathy secondary to diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. In this case, the patient does not meet criteria for the study requested. This is secondary to poor physical exam findings suggestive of peripheral nerve compression. Pending receipt of information further clarifying how this study would change the management rendered, the study is not medically necessary.

NCV Left 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) Neck and upper back/Nerve conduction studies.

Decision rationale: The request is for nerve conduction studies. The MTUS guidelines are silent regarding this issue. The ODG states the following: Not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other

diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) (Lin, 2013) While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. (Emad, 2010) (Plastaras, 2011) (Lo, 2011) (Fuglsang-Frederiksen, 2011) See also the Shoulder Chapter, where nerve conduction studies are recommended for the diagnosis of TOS (thoracic outlet syndrome). Also see the Carpal Tunnel Syndrome Chapter for more details on NCS. Studies have not shown portable nerve conduction devices to be effective. In this case, the use of this diagnostic test is not supported. This is secondary to poor documentation of peripheral nerve compromise necessitating further clarity. There is also inadequate discussion of how the result of this study would change the clinical management. Pending receipt of this information, the request is not medically necessary.

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