

Case Number:	CM15-0194451		
Date Assigned:	10/08/2015	Date of Injury:	04/17/2015
Decision Date:	11/18/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/02/2015

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 injured worker is a 34 year old female, who sustained an industrial injury on 04-17-2015. She has reported injury to the right shoulder, right elbow, right wrist, and thoracic spine. The diagnoses have thoracic spine sprain-strain; right shoulder sprain-strain with impingement syndrome and right upper extremity weakness; right lateral epicondylitis; and right wrist sprain-strain, rule out carpal tunnel syndrome. Treatment to date has included medications, diagnostics, bracing, acupuncture, extracorporeal shockwave treatment, and physical therapy. Medications have included Motrin, Nalfon, and topical compounded cream. A progress report from the treating provider, dated 08-25-2015, documented an evaluation with the injured worker. The injured worker reported achy, constant thoracic spine pain, rated at 6-7 out of 10 in intensity; acupuncture was helpful with pain reduction; intermittent, sharp right shoulder pain, rated at 6 out of 10 in intensity; she had physical therapy with little relief; achy right elbow pain, rated at 6 out of 10 in intensity; the pain is worse with grasping; extra-corporeal shockwave treatment was helpful; achy right wrist pain, rated at 6-7 out of 10 in intensity; the pain is in the radial aspect; medications are helping with pain; she has had 22 physical therapy sessions and pain persists; and functional change since the last exam is mild and slower than expected. Objective findings included she is in no distress; she moves about without difficulty; palpable trigger points in the thoracic spine producing pain; tenderness and spasm noted to the left and right thoracic spine; tenderness to the right radial wrist; shoulder exam revealed positive Hawkins and Neer's tests; and right wrist exam revealed positive Phalen's, Tinel's, and Finkelstein's tests. The treatment plan has included the request for nerve conduction velocity (NCV) cervical spine; and electromyography (EMG) cervical spine. The original utilization review, dated 09-03-2015, non-certified the request for nerve conduction velocity (NCV) cervical spine; and electromyography (EMG) cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction velocity (NCV) cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC), Online Edition, 2015 Chapter: Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The current request is for NERVE CONDUCTION VELOCITY (NCV) CERVICAL SPINE. The RFA is dated 08/27/15. Treatment to date has included medications, diagnostics, bracing, acupuncture, extracorporeal shockwave treatment, and physical therapy. The patient is on modified duty. 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." Per report 08/25/15, the patient presents with neck, thoracic spine, right shoulder, right elbow and right hand pain. Objective findings included palpable trigger points in the thoracic spine producing pain, and tenderness to the right radial wrist. There is some numbness and tingling in to the forearm and fingers. Sensation was diminished in the right hand. Shoulder examination revealed positive Hawkins and Neer's tests, and the right wrist revealed positive Phalen's, Tinel's, and Finkelstein's tests. Given the patient's upper extremities symptoms, physical examination findings and diagnosis, EMG study appears reasonable and in accordance with guidelines. There is no evidence that the patient has had a prior bilateral upper extremity EMG study done. Therefore, the request IS medically necessary.

Electromyography (EMG) cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation ODG-TWC, Online Edition, 2015 Chapter: Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The current request is for ELECTROMYOGRAPHY (EMG) CERVICAL SPINE. The RFA is dated 08/27/15. Treatment to date has included medications, diagnostics, bracing, acupuncture, extracorporeal shockwave treatment, and physical therapy. The patient is on modified duty. 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." Per report

08/25/15, the patient presents with neck, thoracic spine, right shoulder, right elbow and right hand pain. Objective findings included palpable trigger points in the thoracic spine producing pain, and tenderness to the right radial wrist. There is some numbness and tingling in to the forearm and fingers. Sensation was diminished in the right hand. Shoulder examination revealed positive Hawkins and Neer's tests, and the right wrist revealed positive Phalen's, Tinel's, and Finkelstein's tests. Given the patient's upper extremities symptoms, physical examination findings and diagnosis, NCS study appears reasonable and in accordance with guidelines. There is no evidence that the patient has had a prior bilateral upper extremity NCS study done. Therefore, the request IS medically necessary.