

Case Number:	CM15-0194463		
Date Assigned:	10/08/2015	Date of Injury:	10/11/2011
Decision Date:	11/18/2015	UR Denial Date:	09/21/2015
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 48 year old male, who sustained an industrial injury on October 11, 2011, incurring neck and shoulder injuries. He was diagnosed with right shoulder tendonitis impingement syndrome and a cervical spine sprain with upper extremity neuralgia. He underwent a right shoulder rotator cuff repair. Treatment included cortisone injections, pain medications, transcutaneous electrical stimulation unit, and activity restrictions. Currently, the injured worker complained of ongoing right shoulder pain with weakness, limited range of motion and difficulty sleeping at night. He was working currently full duty without restrictions. Upon examination, there was tenderness and crepitation noted in the right shoulder joint causing pinching sensations in the shoulder with overhead activities. The treatment plan that was requested for authorization on October 2, 2015, included Electromyography and Nerve Conduction Velocity studies of the upper extremities. On September 21, 2015, a request for Electromyography and Nerve Conduction Velocity studies was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Nerve conduction studies (NCS).

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 current request is for EMG/NCV of the upper extremities. Treatment included cortisone injections, pain medications, transcutaneous electrical stimulation unit, and activity restrictions. The patient is working full duty without restrictions. 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 report 08/10/15, the patient presents with chronic right shoulder, and cervical spine pain. Examination of the right shoulder revealed tenderness along the levator scapula, decreased ROM in the right shoulder, and positive Hawkin's and Neer's. Examination of the neck revealed cervical compression test is positive. The treater recommended an EMG/NCV of the upper extremities to rule out cervical radiculopathy. In this case, the treater has not provided documentation of neuropathic pain, or neurological deficits. ACOEM requires identification of neurologic deficits during clinical evaluation for electrodiagnostic studies. There is no neurological compromise on examination to warrant an EMG/NCV at this time. The medical necessity has not been established. Therefore, this request is not medically necessary.