

Case Number:	CM15-0197162		
Date Assigned:	10/12/2015	Date of Injury:	08/17/2000
Decision Date:	11/19/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/07/2015

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 65 year old female, who sustained an industrial injury on 08-17-2000. She has reported subsequent wrist, elbow, and arm and hand pain and was diagnosed with chronic pain syndrome, carpal tunnel syndrome, ulnar nerve lesion, myalgia and myositis, trigger finger, neuralgia, lateral epicondylitis and tenosynovitis. Treatment to date has included pain medication, trigger point injections and a home exercise program, which were noted to have failed to significantly relieve the pain. Electrodiagnostic studies on 01-23-2012 revealed mild to moderate left carpal tunnel syndrome affecting motor component only with no evidence of any other brachial plexopathy or cervical radiculopathy in the left upper limb. In a 03-17-2015 progress note that injured worker reported increased pain in the left shoulder area that was rated as 6-7 out of 10 and requested trigger point injections again as it provided 70% pain relief with improved function for 8 months. Medication were noted to provide 50% relief of symptoms. Objective findings revealed mild left lateral epicondyle tenderness to palpation, moderate trigger points of the left upper trapezius and levator scapula, mild tenderness of the right thumb base, decreased motor strength in the left grip and wrist, decreased sensation in the distal left upper extremity and mildly positive Phalen's sign. The physician's plan included trigger point injections. In a progress note dated 09-08-2015, the injured worker reported continued left shoulder and arm pain that was rated as 6 out of 10 with increasing left arm weakness. The previous trigger point injection was noted to have provided significant relief lasting several months but insurance was documented to have denied them. Current medication was noted to provide less than adequate decrease in symptoms. Objective examination findings revealed moderate left lateral epicondyle tenderness to palpation, moderate trigger points

of the left upper trapezius and levator scapula, minimal tenderness of the right thumb base, decreased motor strength throughout the left upper extremity, decreased sensation in the distal left upper extremity and mildly positive Phalen's test. Work status was documented as modified. The physician noted that a repeat EMG-NCS of the left upper extremity was needed to determine the progression of nerve entrapment. A request for authorization of EMG-NCS of the left upper extremity was submitted. As per the 09-17-2015 utilization review, the request for EMG-NCS of the left upper extremity was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The requested EMG/NCS of the left upper extremity, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Chapter 11 - Forearm, Wrist, Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, Pages 268-269, 272-273; note that Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option, and recommend electrodiagnostic studies with documented exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials, that are in need of clinical clarification. The injured worker has continued left shoulder and arm pain that was rated as 6 out of 10 with increasing left arm weakness. The previous trigger point injection was noted to have provided significant relief lasting several months but insurance was documented to have denied them. Current medication was noted to provide less than adequate decrease in symptoms. Objective examination findings revealed moderate left lateral epicondyle tenderness to palpation, moderate trigger points of the left upper trapezius and levator scapula, minimal tenderness of the right thumb base, decreased motor strength throughout the left upper extremity, decreased sensation in the distal left upper extremity and mildly positive Phalen's test. The treating physician has not documented exam evidence of an acute clinical change since a previous electrodiagnostic testing. The criteria noted above not having been met, EMG/NCS of the left upper extremity is not medically necessary.