

Case Number:	CM15-0198468		
Date Assigned:	10/13/2015	Date of Injury:	02/04/2014
Decision Date:	12/02/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/08/2015

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, Hawaii

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:

This is a 51 year old male with a date of injury on 2-4-14. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder and right arm pain. Pain management progress report dated 8-14-15 reports chronic pain syndrome right shoulder pain with radicular pain to the right elbow. The H-wave continues to be helpful, will benefit from physical therapy. Objective findings: full range of motion of right shoulder with pain. Progress report dated 8-18-15 reports constant right shoulder pain. Stretching and massage help decrease the pain. Treatments include: medication, percutaneous electrical nerve stimulation, shock-wave therapy, physical therapy, chiropractic therapy and right shoulder surgery. Request for authorization 8-18-15 was made for EMG left upper extremity and EMG of right upper extremity. Utilization review dated 9-8-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG, Left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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

Decision rationale: The patient presents with constant right shoulder pain with radicular pain to the right elbow. Patient is status post right shoulder arthroscopy on 9/19/14. Prior EMG and nerve conduction velocity study (NCV) dated 07/17/14 documented an abnormal study, with electrodiagnostic evidence of mild right median neuropathy at the wrist (carpal tunnel syndrome), and no electrodiagnostic evidence of right cervical radiculopathy. The current request is for EMG of the left upper extremity. The treating physician requests on 8/18/15 (98B), EMG testing of the upper extremity, no rationale was provided. ACOEM page 178 (cervical chapter) states, "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. ACOEM pages 260-262 (wrist chapter) 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." In this case, the patient does not have any complaints of left upper extremity radiculopathy and there are no exam findings to warrant electrodiagnostic studies of the left upper extremity. The current request is not medically necessary.

EMG, Right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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

Decision rationale: The patient presents with constant right shoulder pain with radicular pain to the right elbow. Patient is status post right shoulder arthroscopy on 9/19/14. Prior EMG and nerve conduction velocity study (NCV) dated 07/17/14 documented an abnormal study, with electrodiagnostic evidence of mild right median neuropathy at the wrist (carpal tunnel syndrome), and no electrodiagnostic evidence of right cervical radiculopathy. The current request is for EMG of the right upper extremity. The treating physician requests on 8/18/15 (98B), EMG testing of the upper extremity, no rationale was provided. ACOEM page 178 (cervical chapter) states, "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. ACOEM pages 260-262 (wrist chapter) 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." In this case, the patient has continued complaints, lasting more than 4 weeks, of right shoulder pain that radiates into the right arm. The requested diagnostic testing may help differentiate between CTS and other conditions, such as radiculopathy. The current request is medically necessary.