

<b>Case Number:</b>	CM15-0199597		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	07/13/1996
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 64-year-old who has filed a claim for chronic neck, low back, shoulder, and elbow pain reportedly associated with an industrial injury of July 13, 1996. In a Utilization Review report dated September 17, 2015, the claims administrator failed to approve requests for electrodiagnostic testing of upper and lower extremities, MRI imaging of the left shoulder, and an H-Wave device. A September 17, 2015 date of service was referenced in the determination. The claims administrator also referenced a July 22, 2015 office visit in said determination. The applicant's attorney subsequently appealed. On a handwritten note dated July 22, 2015, handwritten, difficult to follow, not entirely legible, the applicant reported multifocal complaints of neck, low back, bilateral elbow, bilateral shoulder, bilateral wrist, bilateral hand, bilateral foot, and bilateral ankle pain. The note was extremely difficult to follow and not altogether legible. An H-Wave device, electrodiagnostic testing of upper and lower extremities, MRI imaging of the shoulder, an orthopedic consultation, and x-rays of multiple body parts were seemingly ordered while the applicant was seemingly kept off of work, it was suggested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective EMG (electromyography) of the upper and lower extremities: Upheld**

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

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

**Decision rationale:** No, the request for EMG testing of the upper and lower extremities is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, the routine usage of EMG or NCV testing in the evaluation of applicants with suspected nerve entrapment is deemed "not recommended." Here, the fact that electrodiagnostic testing of the bilateral upper and bilateral lower extremities was concurrently ordered on the same date of service, July 22, 2015, strongly suggested that said testing had in fact been ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. The progress note of that date comprised almost entirely of pre-printed checkboxes, without any supporting rationale or supporting commentary. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that EMG testing of the neck, upper back, and/or upper extremities is "recommended" to clarify diagnosis of nerve root dysfunction in cases of suspected disk herniation, either preoperative or before an epidural steroid injection, here, again, the July 22, 2015 office visit at issue was thinly and sparsely developed. There was no mention of how (or if) the proposed electrodiagnostic testing would influence or alter the treatment plan. The MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 also notes that EMG testing is deemed "not recommended" in applicants who carry a diagnosis of clinically-obvious radiculopathy. Here, the information on file was thinly and sparsely developed and did not clearly state whether the diagnosis of lumbar radiculopathy had already been established, either clinically and/or radiographically. Therefore, the request is not medically necessary.

**Retrospective MRI for the left shoulder (open) DOS: 9/17/2015): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary.

**Decision rationale:** Similarly, the request for MRI imaging of the shoulder is likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 240 notes that the routine usage of MRI imaging or arthrography of the shoulder for evaluation purposes without surgical indications is deemed "not recommended." Here, however, the July 22, 2015 office visit on which the article in question was ordered made no mention of how (or if) the proposed shoulder MRI would influence or alter the treatment plan. There was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the shoulder based on the outcome of the study. Therefore, the request is not medically necessary.

**Retrospective H-wave DOS: 9/17/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** Finally, the request for an H-Wave device [purchase] is likewise not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request to purchase the H-Wave device, the treating provider reported on July 22, 2015. However, page 118 of the MTUS Chronic Pain Medical Treatment Guidelines notes that provision of an H-Wave device on a purchase basis beyond an initial 1-month trial should be predicated on evidence of a favorable outcome during said 1-month trial, with beneficial effects present in terms of both pain relief and function. Here, however, it appeared that the attending provider seemingly prescribed and/or dispensed the H-Wave device without having the applicant first undergo a 1-month trial of the same. Therefore, the request is not medically necessary.