

Case Number:	CM15-0021515		
Date Assigned:	02/11/2015	Date of Injury:	02/01/2014
Decision Date:	03/25/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/05/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 60-year-old female, who sustained an industrial injury on 2/01/2014, due to repetitive lifting and handling of wet fabrics. She reported tightness in her neck and pain in both shoulders. The pain radiated down the front of both arms and between the shoulder blades in the back. She also reported numbness of the palms of both hands, including all digits except the thumbs. The diagnoses have included diabetes, bilateral carpal tunnel syndrome, left shoulder sprain/strain, and neck sprain. Treatment to date has included conservative measures. Currently, the injured worker reports less pain in the biceps area and upper back, increased pain in the left shoulder, and intermittent numbness of both hands. 6 weeks of physical therapy had been completed and she wore wrist braces at night. She had difficulty with strong grip of the hands due to weakness. Ibuprofen was used as needed to reduce pain. Exam noted left trapezius tenderness to palpation, slightly restricted side bending and rotation, upper extremity reflexes 2/4 bilaterally, and motor function 5/5. Shoulder exam noted tenderness to palpation left anterior joint line, positive impingement signs on the left, and decreased scapular motion. Positive Phalen's was noted bilaterally, along with decreased palmar pinprick sensation distribution of median nerve on the right. Treatment included a recommendation for electromyogram/nerve conduction studies of the bilateral upper extremities. On 1/16/2015, Utilization Review non-certified a request for electromyogram/nerve conduction studies of the bilateral upper extremities, noting the lack of compliance with ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the guidelines, electrodiagnostic studies are not recommended for evaluation of nerve entrapment. That are recommended for impingement at the wrist after conservative failure. In this case, the claimant had already been diagnosed with carpal tunnel syndrome and had undergone management of symptoms. In addition, the claimant had upper extremities that were consistent with shoulder impingement. The EMG/NCV would not change the diagnoses or treatment intervention and is not medically necessary.