

Case Number:	CM15-0025503		
Date Assigned:	02/18/2015	Date of Injury:	02/15/2012
Decision Date:	03/31/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/10/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 68 year old female, who sustained an industrial injury on 02/15/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include right shoulder strain/sprain, superior labrum anterior and posterior lesion, partial tricep tendon tear, right elbow medial epicondylitis, moderate degenerative changes, mild cubital tunnel syndrome, right wrist moderate carpal tunnel syndrome with osteoarthritis, cervical spine strain/sprain, and left shoulder strain/sprain secondary to overcompensation. Treatment to date has included medication regimen, chiropractic care, physical therapy, acupuncture, and cortisone injection. In a progress note dated 01/12/2015 the treating provider reports right shoulder, elbow, and wrist pain with numbness and tingling to the right elbow and weakness to the right wrist. The treating physician requested an electromyogram with nerve conduction velocity noting that it was recommended by the Agreed Medical Evaluator. On 01/27/2015 Utilization Review non-certified the requested treatment of electromyogram with nerve conduction velocity of the right upper extremities, noting the California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine Practice Guidelines, 2nd Edition, 2004: Chapter 8, Table 8-7, Special Studies and Diagnostic and Treatment Considerations; Neck and Upper Back Complaints Chapter, Table 8-8; and Official Disability Guidelines, Neck & Upper Back Chapter, Electromyogram and Nerve Conduction Studies Sections.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the right upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck section, EMG/NCV

Decision rationale: Pursuant to the Official Disability Guidelines, EMG/NCV of the bilateral upper extremities is not medically necessary. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathies if other diagnoses may be likely based on physical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy or some problem other than cervical radiculopathy. In this case, the hand surgeon's second surgical examination report dated October 14, 2014 stated the examination is essentially unchanged from the first examination. There was no evidence of peripheral nerve involvement aside from a tingling sensation on the ring and small finger. Electrodiagnostic studies were performed in 2013 (over a year ago). The electrodiagnostic reports were not present in the record for review. The reviewing physicians suspected the symptoms may have been coming from the carpal canal or Guyon's canal. At that time, there was a discussion regarding surgery when the injured worker was completely asymptomatic. According to the reviewing physician, the injured worker remains asymptomatic. The hand surgeon recommended a neurologic evaluation and a new set of electrodiagnostic studies. On the physical examination the treating physician was not able to trigger any symptoms with provocative testing. The hand surgeon recommended proceeding with caution regarding any surgical intervention. The documentation from January 12, 2015 (the treating orthopedist) is illegible. The diagnoses are not legible and subjective and objective sections are not legible. There is no neurologic evaluation. Based on the illegible medical record and the previous asymptomatic subjective symptoms and an inability to reproduce symptoms with provocative testing with unknown current clinical symptoms of the upper extremities, EMG/NCV of the bilateral upper extremities is not medically necessary.