

Case Number:	CM15-0220305		
Date Assigned:	11/13/2015	Date of Injury:	08/29/2005
Decision Date:	12/31/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/10/2015

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: New York, West Virginia, Pennsylvania
 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 74 year old female, who sustained an industrial injury on August 29, 2005. She reported immediate pain in her left shoulder. The injured worker was currently diagnosed as having left shoulder rotator cuff syndrome status post repair 12-27-2005, left shoulder impingement syndrome, left shoulder osteoarthritis, right shoulder supraspinatus tear, right shoulder biceps tendinitis, right shoulder AC joint arthritis, right shoulder bursitis, neck strain and sprain, neck pain and right carpal tunnel syndrome. Treatment to date has included diagnostic studies, surgery, cortisone injections transcutaneous electrical nerve stimulation unit, home exercise, trigger point injections, medications and physical therapy. On September 29, 2015, the injured worker complained of bilateral shoulder pain and neck pain. The pain was rated an 8 on a 1-10 pain scale. She also reported right hand pain with numbness and tingling in the right hand, especially in her third digit. The numbness was noted to have been present for about five months. She was reported to be using a brace about five to six hours a day, which seemed to be helping. The injured worker also complained of weakness in the right upper extremity. Bilateral shoulder range of motion showed limited abduction to about 60 degrees bilaterally as well as flexion to about 90 degrees bilaterally with active range of motion. With passive range of motion, her arms go to about 110 degrees until she has pain. She was noted to be limited with active range of motion secondary to weakness. Hawkins's sign, Neer's, empty can test, Yergason's test, Speed's test, O'Brien test and belly press test were all positive bilaterally. There was pain to palpation of the AC joint bilaterally as well as the bicipital groove and the lateral aspect of the bilateral shoulders. There was positive clicking and crepitus in the

right shoulder. Physical examination of the right hand showed positive carpal tunnel compression test and positive Tinel's at the carpal tunnel on the right. The treatment plan included the option for shoulder surgery, bilateral subacromial steroid injections, EMG of right upper extremity to evaluate for carpal tunnel syndrome, naproxen, omeprazole, right wrist brace and continuation of other "conservative" treatments. On October 13, 2015, utilization review denied a request for NCS-EMG of right upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Study (NCS)/Electromyography (EMG) of Right upper extremities (RUE): Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

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

Decision rationale: Guidelines recommend EMG to help identify subtle focal neurologic dysfunction in patients with neck and/or arm pain lasting more than 3-4 weeks. In this case, there is evidence of carpal tunnel syndrome, which negates the need for NCS/EMG. The request for NCS/EMG Right Upper Extremity is not medically necessary.