MAXIMUS Federal Services

Case Number:	CM15-0030139		
Date Assigned:	02/23/2015	Date of Injury:	10/11/2013
Decision Date:	04/08/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/18/2015

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
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:

The injured worker is a 47-year-old male, who sustained an industrial injury on October 11, 2013. He has reported bilateral shoulder pain and neck pain. The diagnoses have included bilateral shoulder strain/sprain, bilateral shoulder internal derangement, bilateral shoulder tendonitis, bilateral shoulder rotator cuff tear, bilateral shoulder AC joint arthrosis, and bilateral wrist pain. Treatment to date has included medications, physical therapy, acupuncture, PRP injections, and imaging studies. A progress note dated December 29, 2014 indicates a chief complaint of continued bilateral shoulder pain radiating to the neck and bilateral arms, and bilateral wrist pain. Physical examination showed tenderness to palpation of the pectoral and trapezius muscles, decreased range of motion of the bilateral shoulders, tenderness to palpation of the bilateral wrists, decreased range of motion of the bilateral wrists, and decreased sensation of the cervical spine. The treating physician is requesting electromyogram/nerve conduction velocity testing of the bilateral upper extremities. On January 26, 2015 Utilization Review denied the request citing the American College of Occupational and Environmental Medicine Guidelines and Official Disability Guidelines. On February 18, 2015, the injured worker submitted an application for IMR of a request for electromyogram/nerve conduction velocity testing of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG /NCV Bilateral Upper Extermities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with bilateral shoulder pain radiating to the neck and down the arms, elbows, and to the fingers. The request is for EMG/NCV bilateral upper extremities. Physical examination on 12/29/14 to the bilateral shoulders revealed tenderness to palpation on the pectoral and upper trapezius muscles. Physical examination to the bilateral wrists and hands revealed tenderness to palpation at the carpal tunnel and the first dorsal extensor muscle compartment. Neurological examination revealed decreased sensation to pinpick and light touch over the C5, C6, C7 and T1 dermatomes in the bilateral upper extremities. MRI of the left shoulder on 07/24/14 showed acromioclavicular joint and subparticular spurs compress the proximal supraspinatus tendon. The visualized portions of the humerus and bony glenoid were satisfactorily in appearance. A complete full-thickness suoraspinatus tendon tear was seen, with approximately 10.5 mm of medial retraction. A high grade partial tendon tear was seen at the infraspinatus. A partial tear was seen at the teres minor tendon. An intramuscular cyst was noted in the distal infraspinatus muscle. A peritendinous cyst was seen adjacent to the teres minor tendon Infrasubstance high signal was seen at the subscapularis tendon, due to tendonisis versus interstitial partial tear. Fatty atrophy of the supraspinatus and infraspinatus muscle was seen. Patient's treatments have included acupuncture, physical therapy, and chiropractic. Patient's diagnosis per 12/29/14 include bilateral shoulder sprain/strain, bilateral shoulder internal derangement, bilateral shoulder tendonitis, bilateral shoulder rotator cuff tear, bilateral shoulder AC arthrosis, Bilateral wrist pain, and stress. Per 10/27/14 progress report, patient's medications include Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen Cream. Patient is temporarily totally disabled from 12/29/14 to 01/26/15. For EMG/NCV, ACOEM guidelines page 262 states, "appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. It may include nerve conduction studies or in more difficult cases, electromyography may be useful. 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." Treater has not provided reason for the request. There is no documentation that prior electrodiagnostic studies have been done. In this case, the patient has kept reporting constant pain and radiating symptoms in his upper extremities. Given that the patient has not had these tests performed in the past and the patient's continuing radiating symptoms in his shoulders, arms, elbows, wrists and hands, the request IS medically necessary.