

Case Number:	CM15-0034511		
Date Assigned:	03/02/2015	Date of Injury:	12/09/2013
Decision Date:	04/15/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/23/2015

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, 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 32 year old female, who sustained a work related injury on 12/9/13. The diagnoses have included bilateral upper extremities overuse syndrome (muscular tenderness strain), bilateral shoulders strain/sprain, bilateral elbows strain/sprain, bilateral wrists strain/sprain, bilateral hands/fingers strain/sprain, possible cervical discopathy with bilateral upper extremity radiculopathy and possible bilateral carpal tunnel syndrome. Treatments to date have included a MRI shoulder done on 2/17/15, oral medications and work duty modifications. In the PR-2 dated 1/23/15, the injured worker complains of continued pain in bilateral shoulders, elbows and wrists, right greater than left. She has pain that radiates from neck down bilateral arms to her wrists, right greater than left. She has numbness and tingling down her right arm. She has tenderness to touch of cervical musculature and has full range of motion. She has tenderness to palpation of bilateral shoulders and range of motion for both is within normal limits. She has tenderness to palpation of both elbows and has full range of motion with both. She has tenderness to palpation of both wrists and hands and range of motion is within normal limits. The patient has had EMG/NCV of the bilateral UE on 4/2/14 that was normal. The medication list include naproxen and Omeprazole. Per the doctor's note dated 2/11/15 patient had complaints of pain in the bilateral shoulder radiating to bilateral wrist with numbness and tingling and weakness. Physical examination of the UE revealed full ROM, tenderness on palpation and positive Tinel sign. Patient has received an unspecified number of chiropractic visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat EMG/NCV 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 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Request: Repeat EMG/NCV bilateral upper extremities. Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The patient has had EMG/NCV of the bilateral UE on 4/2/14 that was normal. Any significant changes in objective physical examination findings since the last electro diagnostic study that would require a repeat electrodiagnostic study were not specified in the records provided. Patient has received an unspecified number of chiropractic visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. A detailed response to a complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. The medical necessity of the request for Repeat EMG/NCV bilateral upper extremities is not fully established for this patient.