

Case Number:	CM15-0036171		
Date Assigned:	03/04/2015	Date of Injury:	07/18/2013
Decision Date:	07/08/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/26/2015

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 41 year old female, who sustained an industrial injury on 7/18/2014, from continuous trauma. The injured worker was diagnosed as having shoulder tendinitis/rotator cuff syndrome, carpal tunnel syndrome, and lateral epicondylitis. Treatment to date has included medications, physical therapy, acupuncture, a tennis elbow strap, injection to the right lateral epicondyle, and a wrist brace. On 1/08/2015, the injured worker complains of right shoulder pain, with radiation to the wrist. Physical exam noted right shoulder tenderness and indicated no changes. Current medication regime was not noted. The treatment plan included electromyogram and nerve conduction studies to the upper extremities and magnetic resonance imaging of the right shoulder. Her work status was light duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) of left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262, 177-178.

Decision rationale: According to the hand written 01/08/2015 report, this patient presents with right shoulder pain radiating down the wrist that is overall the same. The current request is for Electromyograph (EMG) of left upper extremity. The request for authorization is not included in the file for review. The patient's work status is Temporary Totally Disabled. The Utilization Review denial letter states "There is insufficient information provided by the attending health care provider to associate or establish the medical necessity or rationale for the requested electrodiagnostic studies." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. 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." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. 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." Review of the provided reports does not show evidence of prior EMG of the upper extremity. In this case, the patient presents with positive Tinel's and Phalen's test, bilaterally. Decreased sensation of the bilateral upper extremity is noted. The requested EMG of the left upper extremity is reasonable and is supported by the guidelines. Therefore, current request IS medically necessary.

Nerve conduction velocity (NCV) of left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

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