

Case Number:	CM14-0112495		
Date Assigned:	08/01/2014	Date of Injury:	02/03/2010
Decision Date:	09/30/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/18/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48-year-old male who has submitted a claim for right shoulder impingement syndrome, right shoulder SLAP (Superior Labral Anterior-Posterior) lesion, right shoulder rotator cuff tendinosis, right elbow lateral epicondylitis status post nerve decompression, left elbow medial epicondylitis, right wrist carpal tunnel syndrome status post carpal tunnel release and bilateral wrist DeQuervain's syndrome associated with an industrial injury date of February 3, 2010. Medical records from 2014 were reviewed, which showed that the patient complained of pain in the right shoulder, bilateral elbows and bilateral wrists. The shoulder pain radiated down the patient's arm and was accompanied by bilateral wrist pain and tingling. Upon shoulder examination, patient was found to have decreased ROM (Range of Motion) of the right shoulder, tenderness over the AC (Acromioclavicular) joint, biceps tendon and trapezius, motor strength of 5/5, positive Neer's, Hawkin's and O'Brien test. The patient's right elbow had no gross deformities, decreased range of motion, tenderness over the medial and lateral epicondyles, skin hypersensitivity, positive resistive extension test and motor strength of 5/5. His left elbow had no gross deformity, decreased ROM, tenderness, skin hypersensitivity and strength of 5/5. His right wrist/hand had no gross deformity, normal motion except for decreased pronation/supination, tenderness, skin hypersensitivity, strength of 5/5 and positive Tinel's, Phalen's and Finkelstein's tests. His left wrist/hand had no gross deformities, normal motion, tenderness, motor strength of 5/5, and positive Tinel's, Phalen's, and Finkelstein's tests. An EMG/NCV (Electromyography / Nerve Conduction Velocity) of the bilateral upper extremities performed on 5/26/12 revealed no response of the right radial sensory nerves and bilateral carpal tunnel syndrome. The bilateral hand MRI study dated 10/5/12 by [REDACTED] was normal. The left wrist MRI study performed on the same day revealed negative ulnar variance with intercarpal effusion and synovitis. The right wrist MRI study showed distal radial edema with

probable fracture and scattered carpal bone cystic change with edema in the capitates. The right shoulder MRI study revealed moderate rotator cuff tendinosis with small focal partial undersurface tear of the supraspinatus with subacromial/subdeltoid bursitis, downsloping acromion and acromioclavicular joint degenerative changes. Treatment to date has included surgery, medications, work/activity restrictions, injections to the shoulder, wrist and elbow, stretching exercises, use of a brace/splint, ice applications, H-wave therapy, chiropractic care and acupuncture. Utilization review from July 14, 2014 denied the request for Electromyography (EMG) of the bilateral upper extremities because the patient was not noted to have complaints and/or physical examination findings consistent with radiculopathy and it was also unclear how the results of the requested study would affect the management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Online Edition Chapter: Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Neck and Upper Back, Electromyography.

Decision rationale: According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, an EMG of the upper extremities was requested to rule out radiculopathy. Patient complained of pain in the right shoulder, bilateral elbows and bilateral wrists. The shoulder pain radiated down the patient's arm and was accompanied by bilateral wrist pain and tingling. Physical examination of the shoulder showed decreased range of motion, tenderness, positive Neer's, Hawkin's and O'Brien test. Motor strength was intact. Tinel's, Phalen's and Finkelstein's tests were positive. However, clinical manifestations were not consistent with focal neurologic dysfunction to warrant EMG. Additionally EMG was performed in 2012 and it is unclear why repeat testing is warranted. Therefore, the request for Electromyography (EMG) of the bilateral upper extremities is not medically necessary.