

Case Number:	CM14-0117349		
Date Assigned:	08/06/2014	Date of Injury:	07/10/2013
Decision Date:	10/10/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/25/2014

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 Pain Management 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 injured worker is a 50-year-old female who sustained work-related injuries on July 10, 2013. Prior magnetic resonance imaging of the right shoulder performed on April 30, 2014 indicate small thickness tear seen along the anterior leading edge of the distal supraspinatus tendon without tendon retraction or muscle atrophy. She has a prior electromyogram/nerve conduction velocity of the bilateral upper extremities performed on May 20, 2014 with right mild compression of the median nerve at the carpal tunnel and normal electromyography. Per the most recent progress notes dated May 22, 2014, the injured worker returned to her provider for a followup regarding pain that affects her cervical spine rated at 8/10 constant and unchanged since the last visit with radiation of pain to the trapezius. She described her right shoulder pain as 9/10 constant and unchanged as well. She rated her left femur pain at 9/10 and her left knee pain as 8/10, constant, and has worsened. The pain was worsened with walking, bending, standing, reaching, or turning. The cervical spine examination noted limited range of motion. Tenderness was noted over the trapezius and paravertebral muscles, bilaterally. Hypertonicity was noted of the trapezius bilaterally. The Spurling's test was positive on the right. The cervical compression test was positive. The sensation was decreased at 4/5 in the C6, C7, and C8 nerve distribution, bilaterally. The lumbar spine examination noted limited range of motion. Tenderness was noted over the paraspinal bilaterally. Hypertonicity was noted of the paraspinal muscles bilaterally. The Kemp's test was positive bilaterally. The right shoulder examination noted limited range of motion. The strength was 4+/5. The Neer's impingement and Hawkin's impingement tests were positive. There was painful arc of motion noted over 135 degrees. She is diagnosed with (a) right shoulder full thickness rotator cuff tear, (b) cervical strain with rule out disc herniation, (c) bilateral upper extremity numbness with rule out cervical radiculopathy, (d) mild right carpal

tunnel syndrome, (e) hypertrophic non-union femur fracture, and (f) chronic lumbar strain due to gait abnormality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Electrodiagnostic studies (EDS) Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Electromyography (EMG)

Decision rationale: The Official Disability Guidelines recommend the following as one of the minimum standards: The number of tests performed should be the minimum needed to establish an accurate diagnosis. It is to be noted that this injured worker has undergone a previous electromyogram/nerve conduction velocity of the bilateral upper extremities on May 20, 2014; however, results did not indicate cervical radiculopathy but did show that she has right mild compression of the median nerve at the carpal tunnel and normal electromyogram. A review of the injured worker's progress notes dated May 22, 2014 do not indicate any significant progression in her neurologic symptoms nor there is indication of any new significant deficits in order to allow a repeat of electromyogram/nerve conduction velocity. Therefore, the request for electromyogram of the right upper extremity is not medically necessary.

Electromyography (EMG) Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Electrodiagnostic studies (EDS) Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Electromyography (EMG)

Decision rationale: The Official Disability Guidelines recommend the following as one of the minimum standards: The number of tests performed should be the minimum needed to establish an accurate diagnosis. It is to be noted that this injured worker has undergone a previous electromyogram/nerve conduction velocity of the bilateral upper extremities on May 20, 2014; however, results did not indicate cervical radiculopathy but did show that she has right mild compression of the median nerve at the carpal tunnel and normal electromyogram. A review of the injured worker's progress notes dated May 22, 2014 do not indicate any significant

progression in her neurologic symptoms nor there is indication of any new significant deficits in order to allow a repeat of electromyogram/nerve conduction velocity. Therefore, the request for electromyogram of the left upper extremity is not medically necessary.

Nerve Conduction Velocity (NCV) Study Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter; Carpel Tunnel Syndrome Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Electrodiagnostic studies (EDS) Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Nerve conduction studies (NCS)

Decision rationale: The Official Disability Guidelines recommend the following as one of the minimum standards: The number of tests performed should be the minimum needed to establish an accurate diagnosis. It is to be noted that this injured worker has undergone a previous electromyogram/nerve conduction velocity of the bilateral upper extremities on May 20, 2014; however, results did not indicate cervical radiculopathy but did show that she has right mild compression of the median nerve at the carpal tunnel and normal electromyogram. A review of the injured worker's progress notes dated May 22, 2014 do not indicate any significant progression in her neurologic symptoms nor there is indication of any new significant deficits in order to allow a repeat of electromyogram/nerve conduction velocity. Moreover, evidence-based guidelines indicate that nerve conduction studies are not recommended if the injured worker is presumed to have symptoms on the basis of radiculopathy. Therefore, the request for nerve conduction velocity of the right upper extremity is not medically necessary.

Nerve Conduction Velocity (NCV) Study Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter; Carpel Tunnel Syndrome Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Electrodiagnostic studies (EDS) Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Nerve conduction studies (NCS)

Decision rationale: The Official Disability Guidelines recommend the following as one of the minimum standards: The number of tests performed should be the minimum needed to establish an accurate diagnosis. It is to be noted that this injured worker has undergone a previous electromyogram/nerve conduction velocity of the bilateral upper extremities on May 20, 2014; however, results did not indicate cervical radiculopathy but did show that she has right mild compression of the median nerve at the carpal tunnel and normal electromyogram. A review of the injured worker's progress notes dated May 22, 2014 do not indicate any significant

progression in her neurologic symptoms nor there is indication of any new significant deficits in order to allow a repeat of electromyogram/nerve conduction velocity. Moreover, evidence-based guidelines indicate that nerve conduction studies are not recommended if the injured worker is presumed to have symptoms on the basis of radiculopathy. Therefore, the request for nerve conduction velocity of the left upper extremity is not medically necessary.