

Case Number:	CM14-0128387		
Date Assigned:	08/15/2014	Date of Injury:	11/08/2012
Decision Date:	10/24/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/12/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 59-year-old female with date of injury of 11/08/2012. The listed diagnoses per [REDACTED] from 07/14/2014 are: 1. Bilateral shoulder impingement, rule out rotator cuff tears, status post right mini-open rotator cuff repair and biceps tenodesis. 2. Bilateral wrist and hand pain, rule out carpal tunnel syndrome. 3. Bilateral CMC arthritis. 4. Bilateral chondromalacia patella, rule out internal derangement of the knees. 5. Status post right shoulder surgery from 01/06/2014. 6. Status post left shoulder surgery from 06/02/2014. According to this report, the patient is now 6 weeks post left shoulder subacromial decompression and Mumford procedure with debridement of the labrum and synovitis. The patient has not injured herself again. She has completed 4 visits of physical therapy and has 8 more left. She is doing her home exercise program. The patient has improved range of motion and less pain in the left shoulder. She does complain of bilateral hand numbness with pain in the thumbs. The treater references an EMG from April 12, 2014 that showed mild left carpal tunnel but none on the right. Her numbness is worsening. The physical examination shows range of motion of the right shoulder is full. Range of motion of the left shoulder is 75% of normal. There is mild tenderness in the left shoulder. Grind is positive about the thumbs bilaterally. Carpal compression and Phalen's are positive bilaterally. Range of motion of the fingers and wrist are full. The utilization review denied the request on 07/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Low back chapter, Electrodiagnostic studies (EDS)

Decision rationale: This patient presents with bilateral hand numbness with pain in the thumbs. The patient is status post right shoulder surgery from 01/06/2014 and left shoulder surgery from 06/02/2014. The treater is requesting an electromyography (EMG) of the left upper extremity. The ACOEM Guidelines page 262 states, "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. This 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, test may be repeated later in the course of treatment if symptoms persist." ODG on electrodiagnostic studies (EDS) states that it is recommended as an option after closed fractures of distal radius and ulna if necessary to assess nerve injury. ODG further states, "Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), and possibly the addition of electromyography (EMG)." The 07/14/2014 report references an EMG/NCV from 04/12/2014 that showed mild left carpal tunnel syndrome on the left and none on the right. In the same report, the treater notes worsening numbness in the bilateral hands with pain in the thumbs. The treater is requesting repeat EMG/NCV of the upper extremities to rule out other pathologies and to determine if possible surgery is needed. In this case, the patient does not present with new injury or trauma, no new neurologic deficits that would require the need for a repeat EMG. The request is therefore not medically necessary.

Nerve Conduction Velocity (NCV) right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation ODG for the Electrodiagnostic studies (EDS)/ NCV

Decision rationale: This patient presents with bilateral hand numbness with pain in the thumbs. The patient is status post right shoulder surgery from 01/06/2014 and left shoulder surgery from 06/02/2014. The treater is requesting a nerve conduction velocity of the right upper extremity. The ACOEM Guidelines page 262 states, "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. This 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, test may be repeated later in the course of treatment if symptoms persist." ODG on electrodiagnostic studies (EDS) states that it is recommended as an option after closed fractures of distal radius and ulna if necessary to assess nerve injury. ODG further states, "Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), and possibly the addition of electromyography (EMG)." The 07/14/2014 report references an EMG/NCV from 04/12/2014 that showed mild left carpal tunnel syndrome on the left and none on the right. In the same report, the treater notes worsening numbness in the bilateral hands with pain in the thumbs. The treater is requesting repeat EMG/NCV of the upper extremities to rule out other pathologies and to determine if possible surgery is needed. In this case, the patient does not present with new injury or trauma, no new neurologic deficits that would require the need for a repeat NCV. The request is therefore not medically necessary.

Nerve Conduction Velocity (NCV) left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation ODG) ODG for the Electrodiagnostic studies (EDS)/ NCV

Decision rationale: This patient presents with bilateral hand numbness with pain in the thumbs. The patient is status post right shoulder surgery from 01/06/2014 and left shoulder surgery from 06/02/2014. The treater is requesting a nerve conduction velocity of the left upper extremity. The ACOEM Guidelines page 262 states, "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. This 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, test may be repeated later in the course of treatment if symptoms persist." ODG on electrodiagnostic studies (EDS) states that it is recommended as an option after closed fractures of distal radius and ulna if necessary to assess nerve injury. ODG further states, "Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), and possibly the addition of electromyography (EMG)." The 07/14/2014 report references an EMG/NCV from 04/12/2014 that showed mild left carpal tunnel syndrome on the left and none on the right. In the same report, the treater notes worsening numbness in the bilateral hands with pain in the thumbs. The treater is requesting repeat EMG/NCV of the upper extremities to rule out other pathologies and to determine if possible surgery is needed. In this case, the patient does not present with new injury or trauma, no new neurologic deficits that would require the need for a repeat NCV. The request is therefore not medically necessary.

Electromyography (EMG) right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation (ODG for the Electrodiagnostic studies (EDS))

Decision rationale: This patient presents with bilateral hand numbness with pain in the thumbs. The patient is status post right shoulder surgery from 01/06/2014 and left shoulder surgery from 06/02/2014. The treater is requesting an electromyography (EMG) of the right upper extremity. The ACOEM Guidelines page 202 states, "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. This 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, test may be repeated later in the course of treatment if symptoms persist." ODG on electrodiagnostic studies (EDS) states that it is recommended as an option after closed fractures of distal radius and ulna if necessary to assess nerve injury. ODG further states, "Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), and possibly the addition of electromyography (EMG)." The 07/14/2014 report references an EMG/NCV from 04/12/2014 that showed mild left carpal tunnel syndrome on the left and none on the right. In the same report, the treater notes worsening numbness in the bilateral hands with pain in the thumbs. The treater is requesting repeat EMG/NCV of the upper extremities to rule out other pathologies and to determine if possible surgery is needed. In this case, the patient does not present with new injury or trauma, no new neurologic deficits that would require the need for a repeat EMG. The request is therefore not medically necessary.