

Case Number:	CM14-0129863		
Date Assigned:	09/05/2014	Date of Injury:	11/18/2004
Decision Date:	11/10/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/14/2014

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 Pain Medicine, and is licensed to practice in Texas & Oklahoma. 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 reported an injury on 11/18/2004. The mechanism of injury was not submitted for clinical review. Diagnoses included cervical spine sprain/strain, status post right shoulder arthroscopy, status post right wrist debridement of triangular fibrocartilage and carpal tunnel release, lumbar spine sprain/strain, bilateral knee sprain/strain, status post AME. Previous treatments included medication; surgery, carpal tunnel release and right shoulder arthroscopy; acupuncture therapy; and injections. In the clinical note dated 08/17/2014, it was reported the injured worker complained of pain in the right wrist and into the right hand and intermittent moderate right shoulder pain. The injured worker complained of intermittent moderate neck pain and flexion with looking down. She complained of numbness/tingling in both hands. Upon the physical examination, the provider noted the cervical exam revealed tenderness to palpation about the left posterior cervical and trapezius muscles. There was restricted range of motion secondary to pain. The provider noted a positive cervical distraction test. The provider noted the right shoulder revealed tenderness to palpation in the subacromial area, bicipital groove, and acromioclavicular joint. There was restricted range of motion due to complaint of pain. The injured worker had muscle spasms and a positive impingement test on the right. The provider indicated the injured worker's right wrist revealed diffuse tenderness to palpation over the wrist. There was restricted range of motion due to pain with a positive Finkelstein's test noted. The injured worker had weakness in grip strength. The provider requested and EMG/NCV to evaluate for cervical spine problems or carpal tunnel syndrome. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral 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, Neck & Upper Back - Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-179, 268-269.. Decision based on Non-MTUS Citation ODG) Neck & Upper Back, Nerve Conduction Study.

Decision rationale: The California MTUS/ACOEM Guidelines recommend an electromyography in cases of peripheral nerve impingement. If no impingement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. Additionally, the guidelines note for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation failed to improve symptoms. Most patients improve quickly providing any red flag conditions are ruled out. In addition, the guidelines also note a nerve conduction velocity including H-reflex test may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms or both lasting more than 3 to 4 weeks. The Official Disability Guidelines do not recommend a nerve conduction to demonstrate radiculopathy, radiculopathy has already been clearly identified by an EMG and obvious clinical signs, but recommended if an EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic process if other diagnosis may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when the patient is already presumed to have symptoms on the basis of radiculopathy. There is lack of significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. The clinical documentation submitted did not indicate the injured worker had tried and failed on conservative therapy. The request for EMG/NCV of the bilateral upper extremity is not medically necessary.