

<b>Case Number:</b>	CM14-0161530		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 and is licensed to practice in Illinois. 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 57-year-old female who reported an injury on 03/04/2013. The mechanism of injury was cumulative trauma. On 09/17/2014, the injured worker presented with bilateral hand pain. Examination of the right hand and wrist noted basal joint tenderness over the volar wrist region, positive Tinel's, Phalen's and carpal tunnel compression test. There was 5/5 strength and a positive Finkelstein's and positive grinding test. Examination of the left wrist noted basal joint line tenderness over the volar wrist region, a positive Tinel's, Phalen's and carpal tunnel compression test. There was a positive grind test noted. Diagnoses were carpal tunnel syndrome of the bilateral hands, arthritis of the bilateral hands, and de Quervain's of the right. The provider recommended a MRI of the left shoulder and EMG/NCV of the bilateral upper extremities; the provider's rationale was not provided. The Request for Authorization form was dated 09/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209..

**Decision rationale:** The California MTUS/ACOEM Guidelines state that for most injured workers with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Most injured workers improve quickly, provided red flag conditions are ruled out. Primary criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure. The injured worker must have failed at least a 4 to 6 week period of initially recommended conservative treatment. There was a lack of documentation of the injured worker's failure to respond to conservative treatment of at least 6 weeks to include medication management and physical medicine. There is lack of documentation of any red flag conditions to be ruled and there is no emergence of a red flag. As such, MRI of the left shoulder is not medically necessary and appropriate.

**EMG/NCV (Electromyography / Nerve Conduction Velocity) of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Nerve Conduction Studies (NCS)

**Decision rationale:** The California MTUS/ACOEM Guidelines state and electromyography and nerve conduction velocity including H reflex test may help identify subtle focal dysfunction in injured workers with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. There must be documentation of at least a 3 to 4 week period of conservative care and treatment that has failed to warrant an EMG/NCV of the bilateral upper extremities. The Official Disability Guidelines further state nerve conduction studies are not recommended and there is minimal justification to performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurologic testing procedures have limited overall diagnostic accuracy in detected disc degeneration with suspected radiculopathy. There is lack of documentation of the injured worker's failure to respond to initially recommended conservative treatment. Additionally, the guidelines do not recommend nerve conduction study of the bilateral upper extremities. As such, the request of EMG/NCV (Electromyography / Nerve Conduction Velocity) of the bilateral upper extremities is not medically necessary and appropriate.