

Case Number:	CM14-0162261		
Date Assigned:	10/07/2014	Date of Injury:	03/30/2012
Decision Date:	10/30/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/02/2014

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 North Carolina. 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 52-year-old with a reported date of injury of 03/30/2012. The patient has the diagnoses of left shoulder impingement syndrome, left shoulder AC joint arthrosis, left shoulder rotator cuff tendinitis, left shoulder sprain/strain, antero- inferior glenoid labral tear, left wrist pain, bilateral carpal tunnel syndrome. Left de Quervain's disease, left elbow epicondylitis. Per the progress reports dated 06/11/2014, the patient had complaints of left shoulder pain rated a 6/10. The physical exam noted left shoulder tenderness to palpation with decreased range of motion. Per the progress notes dated 07/2/2014, the patient had complaints of wrist and shoulder pain. The physical exam noted intact sensation, shoulder tenderness to palpation with decreased range of motion, left wrist tenderness and positive Phalen's and Tinel's test. Per the progress notes dated 07/17/2014, the patient had complaints of left wrist pain. The physical exam noted decreased range of motion in the left wrist with tenderness. Per the progress notes dated 07/23/2014 the patient had complaints of left shoulder pain with the physical exam showing tenderness and decreased range of motion of the left shoulder. This pain and exam continued to be the same on the progress notes dated 08/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The ACOEM chapter on neck and upper back complaints and EMG/NCV states: Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disk annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. The provided progress notes show a positive Tinel's and Phalen's test on the left wrist. There is no mention of any right sided pathology or nerve dysfunction nor is there any physical findings recorded on the right upper extremity. In the absence of any recorded right sided abnormalities, the need for bilateral upper extremity EMG/NCV has not been established or criteria met as outline above per the ACOEM. Therefore the request is not medically necessary.

NCV Bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The ACOEM chapter on neck and upper back complaints and EMG/NCV states: Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a

consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disk annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. The provided progress notes show a positive Tinel's and Phalen's test on the left wrist. There is no mention of any right sided pathology or nerve dysfunction nor is there any physical findings recorded on the right upper extremity. In the absence of any recorded right sided abnormalities, the need for bilateral upper extremity EMG/NCV has not been established or criteria met as outline above per the ACOEM. Therefore the request is not medically necessary.