

Case Number:	CM14-0163443		
Date Assigned:	10/08/2014	Date of Injury:	02/01/2013
Decision Date:	12/17/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/03/2014

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 and Rehabilitation 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:

This patient sustained an injury on 2/1/13 while employed by. Request(s) under consideration include EMG (electromyography) of the left upper extremity, NCV (nerve conduction velocity) of the left upper extremity, NCV (nerve conduction velocity) of the right upper extremity, EMG (electromyography) of the right upper extremity. Diagnoses include right shoulder strain, left shoulder myofascial pain s/p left shoulder arthroscopy, and carpal tunnel syndrome s/p carpal tunnel release. Report of 9/15/14 from the provider noted the patient with chronic ongoing right shoulder pain with headaches and stiffness. Medications list Norco. MRI of left shoulder dated 6/17/14 showed no tear. Exam of the left shoulder showed mild atrophy of the deltoid muscles; painful Apley's scratch test; decreased range of flexion of 70 degrees; tenderness at the AC joint; cervical spine with paraspinal spasm and trigger points along the trapezius and rhomboids with normal bilateral DTRs; limited range by 25%; with diffuse abnormal sensory and weakness in left arm. The request(s) for EMG (electromyography) of the left upper extremity, NCV (nerve conduction velocity) of the left upper extremity, NCV (nerve conduction velocity) of the right upper extremity, EMG (electromyography) of the right upper extremity were non-certified on 9/22/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography) of the Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, electromyography (EMG); Forearm, Wrist, and Hand, Electrodiagnostic studies (EDS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Studies and Diagnostic and Treatment Considerations, 177-178.

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for EMG has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy, only with continued diffuse pain, diffuse motor weakness, and diffuse decreased sensation without specific consistent myotomal or dermatomal correlation to support for the electrodiagnostics. There was no documented failed conservative trial for this chronic injury without new injury or acute changed findings. The request for EMG (electromyography) of the Left Upper Extremity is not medically necessary and appropriate.

NCV (nerve conduction velocity) of the Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Nerve Conduction Velocity (NCV); Forearm, Wrist, and Hand, Electrodiagnostic studies (EDS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): ,Special Studies and Diagnostic and Treatment Considerations177-178.

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for EMG has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy, only with continued diffuse pain, diffuse motor weakness, and diffuse decreased sensation without specific consistent myotomal or dermatomal correlation to support for the electrodiagnostics. There was no documented failed conservative trial for this chronic injury without new injury or acute changed findings. The request for EMG (electromyography) of the Left Upper Extremity is not medically necessary and appropriate.

NCV (nerve conduction velocity) of the Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, nerve conduction velocity (NCV); Forearm, Wrist, and Hand, Electrodiagnostic studies (EDS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations,177-178.

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with peripheral neuropathy or entrapment syndrome, medical necessity for NCV has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any entrapment syndrome, only with continued diffuse pain, diffuse motor weakness, and diffuse decreased sensation without specific consistent myotomal or dermatomal correlation to support for the electrodiagnostics. There was no documented failed conservative trial for this chronic injury without new injury or acute changed findings or progression. The request for NCV (nerve conduction velocity) of the Right Upper Extremity is not medically necessary and appropriate.

EMG (electromyography) of the Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Electromyography (EMG); Forearm, Wrist, and Hand, Electrodiagnostic studies (EDS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, 177-178.

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for EMG has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy, only with continued diffuse pain, diffuse motor weakness, and diffuse decreased sensation without specific consistent myotomal or dermatomal correlation to support for the electrodiagnostics. There was no documented failed conservative trial for this chronic injury without new injury or acute changed findings. The request for EMG (electromyography) of the Right Upper Extremity is not medically necessary and appropriate.