

Case Number:	CM14-0166504		
Date Assigned:	10/13/2014	Date of Injury:	02/21/1997
Decision Date:	11/13/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	10/09/2014

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, 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:

This patient is a 53 year old male with an injury date of 2/21/97. Based on the 5/29/14 progress report by [REDACTED] this patient "still has quite of numbness and tingling along his hand" and "grip loss." His shoulders are "really bothering him and wants something done." He uses soft and rigid braces, bilaterally. Progress notes indicate body parts affected: bilateral shoulders, bilateral elbows, and bilateral wrists and hands. Exam shows abduction is 140 degrees with "tenderness along the rotator cuff." Impingement sign and Hawkins test is positive. Diagnoses for this patient are:1. Impingemet syndrome bilaterally status post decompression.2. Epiconylitis laterally, treated conservatively, the patient would rather avoid injection.3. Cubital tunnel syndrome bilaterally status post decompression with persistent epicondylar pain medially especially on the left and no pain along the ulnar nerve on the left.4. Carpal tunnel syndrome bilaterally status post decompression.5. The patient has issue with sleep and depression.6. The patient has history of hypertension, presently not controlled and history of diabetes.7. The patient has weight gain of 35 pounds. Work status as of 5/01/14: "Off work effective 5/1/14 through 6/3/14 inclusive." The utilization review being challenged is dated 9/20/14. The request is for electromyography of bilateral upper extremities. The requesting provider is [REDACTED] and he has provided various reports from 4/01/14 to 5/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of bilateral upper extremities: 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) Guidelines, Upper Extremity, Electromyograph (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: This patient presents with persistent numbness and tingling along his hand with grip loss, also his shoulders are "really bothering him." The treater requests electromyography of bilateral upper extremities. ACOEM says, "Appropriate electrodiagnostic studies (EDS) may help differentiate between carpal tunnel Syndrome (CTS) and other conditions, such as cervical radiculopathy. These 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, tests may be repeated later in the course of treatment if symptoms persist." According to the 5/13/13 electrodiagnostic study, this patient has a "h/o b/l shoulder impingement s/p decompression, b/l epicondylitis s/p epicondylar release, and b/l carpal tunnel syndrome s/p b/l release with some improvement." Conclusions of the study showed "there is evidence of chronic demyeliation and axonal loss affecting the sensory components of the bilateral median and ulnar nerves. There are signs of prior denervation and subsequent reinnervation to the bilateral to the bilateral ulnar-innervated distal musculature. These findings could be residual after bilateral carpal and cubital tunnel release surgeries. However, they are more likely due to long-standing diabetic peripheral polyneuropathy. There is no evidence of cervical radiculopathy or plexopathy." The patient already had EMG/NCV studies from 5/13/13 and the treater does not explain why another set of studies are needed, other than for continued and increased subjective pain. There is no new injury, no new neurologic findings and no surgery to warrant a repeat electrical studies. Recommendation is for denial.