

Case Number:	CM14-0091279		
Date Assigned:	07/23/2014	Date of Injury:	03/20/2014
Decision Date:	09/19/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/13/2014

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 and Ohio. 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 58-year-old male, who reported an injury on 03/20/2014. The mechanism of injury is from repetitive motion. The diagnoses included left rotator cuff tendinitis/bicipital tendinitis, cervical spine strain with left radiculitis, lumbar spine strain with bilateral radiculitis. Within the clinical note dated 04/10/2014, it was reported the injured worker complained of frequent slight to intermittent severe pain, stiffness, and soreness in the neck. He noted the pain radiated frequently to the left shoulder and left scapula. He rated his pain 7/10 in severity at its worst. The injured worker complained of left shoulder pain, which radiated frequently to the left scapula. He complained of weakness of the left shoulder and left upper extremity. Upon the physical examination, provider noted tenderness to palpation of the cervical spine and upper trapezius muscles on the left. The range of motion of the cervical spine was flexion at 47 degrees and extension at 16 degrees. The provider indicated the injured worker had tenderness to palpation along the left acromioclavicular joint and left biceps tendon groove. The injured worker had tenderness to palpation along the upper trapezius. The range of motion of the shoulder was flexion at 96 degrees on the right, 116 on the left, and extension on the right at 35 degrees and on the left 20 degrees. The request submitted is for bilateral upper extremity EMG and bilateral upper extremity Nerve Conduction Study. However, a rationale is not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Upper Extremity Electromyography (EMG): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 178-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for Bilateral Upper Extremity Electromyography is not medically necessary. The California MTUS/ACOEM Guidelines state 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, provided any red flag conditions are ruled out. Electromyography and nerve conduction velocities including H reflex test may help to identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. There is lack of documentation indicating the injured worker had tried and failed on a 3 or 4 week period of conservative care. There is lack of significant neurological deficit, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. Therefore, the request is not medically necessary.

Bilateral Upper Extremity Nerve Conduction Velocity (NCV): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 178-179.

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

Decision rationale: The request for Bilateral Upper Extremity Nerve Conduction Velocity is not medically necessary. The California MTUS Guidelines note that 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 4 weeks. In addition, the Official Disability Guidelines do not recommend a nerve conduction study to demonstrate radiculopathy if radiculopathy has already been clearly identified by an EMG and obvious clinical signs, but recommended if the 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 Velocities when a 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. There is lack of documentation indicating the injured worker tried and failed on at least 4 weeks of conservative care. Therefore, the request is not medically necessary.