

Case Number:	CM14-0215626		
Date Assigned:	01/05/2015	Date of Injury:	09/19/2008
Decision Date:	02/24/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 with a date of injury of 09/19/2008. Some records reported the worker was a woman while others indicated the worker was a gentleman; it was unclear if the worker was transgender. The submitted and reviewed documentation did not identify the mechanism of injury but cumulative trauma was suggested. Treating physician notes dated 10/09/2014 and 11/19/2014 indicated the worker was experiencing pain in the right shoulder, elbow, forearm, wrist, and hand. Documented examinations consistently described decreased right grip and tenderness in the right shoulder, elbow, forearm, wrist, and hand with decreased motion in the major arm joints. The submitted and reviewed documentation concluded the worker was suffering from rotator cuff syndrome and strain/sprain in the right shoulder, elbow, wrist, and hand. Treatment recommendations included medications, chiropractic care, physical therapy, acupuncture, electromyography (EMG) and nerve conduction velocity (NCV) studies of both arms, urinary drug screen testing, a wrist splint, and follow up care. A Utilization Review decision was rendered on 12/11/2014 recommending non-certification for electromyography (EMG) and nerve conduction velocity (NCV) studies of both arms.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG and NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand Complaints; Pain, electrodiagnostic testing

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 165-188 and 261.

Decision rationale: The MTUS Guidelines recommend the use of electromyography (EMG) to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms; to clarify nerve root dysfunction in cases when a bulging disc in the upper spine is suspected before treatment with surgery; in the diagnosis of nerve root problems when the documented history, examination, and imaging studies are inconsistent; and to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The MTUS Guidelines recommend the use of nerve conduction velocity (NCV) studies to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms and to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The submitted and reviewed documentation indicated the worker was experiencing pain in the right shoulder, elbow, forearm, wrist, and hand. The documented examinations did not describe a abnormal neurologic findings except for decreased right grip strength. There was no discussion suggesting any of the above conditions or describing special circumstances that would support the use of these studies in this setting. In the absence of such evidence, the current request for electromyography (EMG) and nerve conduction velocity (NCV) studies of both arms is not medically necessary.