

Case Number:	CM15-0010474		
Date Assigned:	01/28/2015	Date of Injury:	03/12/2013
Decision Date:	03/24/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/20/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old female, who sustained an industrial injury on 3/12/13. On 1/19/15, the injured worker submitted an application for IMR for review of EMG of both upper extremities, and NCS of both upper extremities. The treating provider has reported the injured worker continues to experience left shoulder, neck pain, and hand pain, but not as severe. The diagnoses have included cervical strain, shoulder bursitis tendonitis of sternocleidomastoid/trapezius left shoulder, supracapsular nerve syndrome left shoulder, cervical radiculitis/radiculopathy, shoulder arthrofibrosis. Treatment to date has included x-rays of left shoulder, MRI left shoulder without contrast (8/2/13), physical therapy, chiropractic therapy, medications, left shoulder arthroscopy, steroid injections, subacromial decompression and distal clavicle resection arthroplasty with labral repair (11/14/13). On 1/7/15 Utilization Review non-certified an EMG of both upper extremities, and NCS of both upper extremities. The ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of both upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (updated 11/16/14)

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

Decision rationale: The patient presents with left shoulder, neck pain and hand pain. The current request is for EMG of both upper extremities. The 9/30/14 QME evaluation report (E35) states that "for the left wrist and hand, the patient may also require further diagnostic studies such as electrodiagnostic studies to confirm and localize the ulnar nerve entrapment at the wrist and possible surgery on left wrist for decompression of ulnar nerve at the wrist, if such findings are identified in EMG/nerve conduction study". ACOEM guidelines state that, "Appropriate electrodiagnostic studies (EDS) may help differentiate between 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". In this case, the treating physician on 12/5/14 (E14) documents that "I reviewed the QME, but the patient has shown improvements since that evaluation..." The QME report notes a positive Tinel's at the elbow and a diagnosis of left ulnar nerve entrapment at Guyon's canal as well as a diagnosis of cervical radiculopathy in the PR2. The request is medically necessary and recommendation is for authorization.

NCS of both upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (updated 11/16/14)

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

Decision rationale: The patient presents with left shoulder, neck pain and hand pain. The current request is for NCS of both upper extremities. The 9/30/14 QME evaluation report (E35) states that "for the left wrist and hand, the patient may also require further diagnostic studies such as electrodiagnostic studies to confirm and localize the ulnar nerve entrapment at the wrist and possible surgery on left wrist for decompression of ulnar nerve at the wrist, if such findings are identified in EMG/nerve conduction study". ACOEM guidelines state that, "Appropriate electrodiagnostic studies (EDS) may help differentiate between 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". In this case, the treating physician on 12/5/14 (E14) documents that "I reviewed the QME, but the patient has shown improvements since that evaluation..." The QME report notes a positive Tinel's at the elbow and a diagnosis of left ulnar nerve entrapment at Guyon's canal as well as a diagnosis of cervical radiculopathy in the PR2. The request is medically necessary and recommendation is for authorization.

