

Case Number:	CM15-0015103		
Date Assigned:	02/03/2015	Date of Injury:	09/15/2014
Decision Date:	03/24/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/27/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 26 year old male, who sustained an industrial injury on 9/15/2014. He has reported sharp mid-back pain. The diagnoses have included thoracic sprain/strain, cervical disc disorder, and upper arm, shoulder subscapularis and left arm radiculitis versus radiculopathy. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, muscle relaxer, chiropractic therapy and physical therapy with home exercises. Currently, the IW complains of continued neck, mid back, and left shoulder pain associated with left arm weakness and tingling. Physical examination from 12/8/14 documented 70% loss of Range of Motion (ROM) of cervical spine, and 60% loss of Range of Motion (ROM) in shoulder, with sensory loss noted at C6-7. Plan of care included Magnetic Resonance Imaging (MRI), chiropractic treatment, physiotherapy, Range of Motion (ROM) exercises, electromyogram to rule out disc versus compressive radiculopathy, and orthopedic consults. On 1/15/2015 Utilization Review non-certified electromyogram and nerve conduction study of right upper extremity, noting the documentation clearly indicated the intent for a left upper extremity electromyogram and nerve conduction study, the request was for a right upper extremity. The MTUS and ACOEM Guidelines were cited. On 1/27/2015, the injured worker submitted an application for IMR for review of electromyogram and nerve conduction study of right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV/EMG of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Pain, Electrodiagnostic testing (EMG/NCS)

Decision rationale: ACOEM States "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." ODG states "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies." ODG further clarifies, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The treating physician does not document evidence of radiculopathy, muscle atrophy, and abnormal neurologic findings in the right upper extremity. The treating physician has not met the above ACOEM and ODG criteria for an EMG of the upper extremities. As such the request for NCV/EMG of the right upper extremity is not medically necessary.