

Case Number:	CM15-0119204		
Date Assigned:	06/29/2015	Date of Injury:	01/16/1992
Decision Date:	07/30/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/19/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 (IW) is a 71 year old female who sustained an industrial injury on 01/16/1992. She reported a fall from stair rails landing on the roadway in asphalt on her back, knees, legs, ankles and arms. The injured worker was diagnosed as having unspecified internal derangement of knee; cervical radiculopathy; shoulder tendinitis /bursitis, impingement; knee tendonitis/bursitis; lumbosacral radiculopathy; wrist tendonitis/bursitis; hip tendonitis/bursitis; situation post hip revision 1995; situation post right knee surgery 1998; situation post right hip surgery 2009; and situation post right shoulder surgery 2002. Treatment to date has included chiropractic treatment, acupuncture, medications, a transcutaneous electrical nerve stimulation (TENS) unit, surgeries and physical therapy. Currently, the injured worker complains of continuous pain in the neck that is at times sharp, shooting, throbbing and burning pain that travels to her shoulder blades, arms, and hands. She has bilateral numbness and tingling in her arms. She also has stiffness and pain in the neck that is aggravated by position changes. The pain increases with prolonged positioning. She has continuous shoulder pain that is at times sharp, shooting, throbbing and burning pain. This pain travels to her hands and she has episodes of numbness and tingling in the arms. Her pain increases with reaching, pushing, pulling, and with any lifting. Lifting her arms above shoulder level increases her pain. The pain varies throughout the day depending on activities. She experiences sharp pain in the left arm that travels to her hands, and complains of continuous left wrist/hand pain that is at times sharp, shooting, throbbing and burning, and travels to her fingertips with numbness and tingling occurring in their hands. Her right hand has cramping and weakness. Pain increases with

gripping, grasping, flexing, extending, rotating, and repetitive hand and finger movements. She complains of pain in her lower back that at times becomes burning pain. The pain travels to her legs and she has episodes of swelling, numbness, and tingling in her legs. Coughing and sneezing aggravate her back. Her pain increases with prolonged standing, walking and sitting activities and has difficulty with range of motion in all planes. She has complaints of continuous pain in both hips that travels to the legs. Her pain gets worse in the evening/morning/varies throughout the day depending on activities. Physical therapy, acupuncture treatments and pain medication provide pain improvement. The plan of care includes a request for electrodiagnostic studies of the upper and lower extremities. A request for authorization is made for Electrodiagnostic studies of the upper extremities, and Electrodiagnostic studies of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodiagnostic studies of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, EMG.

Decision rationale: Pursuant to the Official Disability Guidelines, electrodiagnostic studies (EDS) of the bilateral upper extremities are not medically necessary. The ACOEM states (Chapter 8 page 178) unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by 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-neuropathies if other diagnoses may be likely based on physical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic property or some problem other than cervical radiculopathy. In this case, the injured worker's working diagnoses are chronic nonmalignant pain cervical spine; chronic nonmalignant pain bilateral shoulders; chronic nonmalignant pain and risk; chronic nonmalignant pain lumbar spine with radiculopathy; chronic nonmalignant pain of the hips; chronic post-operative pain left knee; and chronic nonmalignant pain right knee. Objectively, range of motion cervical spine is normal; reflexes upper extremities are normal motor examination is normal sensory examination is grossly normal, range of motion right shoulder was normal; impingement sign and Hawkins signs were positive bilaterally; and in wrist

examination were normal. The injured worker has an antalgic gait and ambulates with an assistive device. There is tenderness to palpation with spasm overlying the paravertebral muscles. Range of motion lumbar spine is normal, motor and sensory examinations of the lower extremities are grossly normal. The documentation in the medical record from a progress note dated June 2, 2015 (provider's orthopedic first visit encounter) states a formal request for all medical records will be made due to the complex medical treatment the injured worker has received to date. The date of injury is approximately 23 years old. Reportedly, electrodiagnostic studies of the lower extremities were performed March 18, 2014. The injured worker received an EMG of the lower extremities. A hard copy of the EMG was not present in the medical record. It is unclear whether electrodiagnostic studies of the upper extremities were performed. Notably, this is a 23-year-old injury and prior medical records must be reviewed prior to ordering any additional testing. The injured worker has multiple diagnoses, multiple physicians, multiple QME's, multiple AME's, multiple magnetic resonance imaging scans. Consequently, absent clinical documentation of a detailed review of all the injured worker's medical records (over 23 years), the request for electrodiagnostic studies (EDS) of the bilateral upper extremities is not medically necessary.

Electrodiagnostic studies of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, EMG.

Decision rationale: Pursuant to the Official Disability Guidelines, electrodiagnostic studies (EDS) bilateral lower extremities are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are chronic nonmalignant pain cervical spine; chronic nonmalignant pain bilateral shoulders; chronic nonmalignant pain and risk; chronic nonmalignant pain lumbar spine with radiculopathy; chronic nonmalignant pain of the hips; chronic post-operative pain left knee; and chronic nonmalignant pain right knee. Objectively, range of motion cervical spine is normal; reflexes upper extremities are normal motor examination is normal sensory examination is grossly normal, range of motion right shoulder was normal; impingement sign and Hawkins signs were positive bilaterally; and in wrist examination were normal. The injured worker has an antalgic gait and ambulates with an assistive device. There is tenderness to palpation with spasm overlying the paravertebral muscles. Range of motion lumbar spine is normal, motor and sensory examinations of the lower extremities are grossly normal. The documentation in the medical record from a progress note dated June 2, 2015 (provider's orthopedic first visit encounter) states

a formal request for all medical records will be made due to the complex medical treatment the injured worker has received to date. The date of injury is approximately 23 years old. Reportedly, electrodiagnostic studies of the lower extremities were performed March 18, 2014. The injured worker received an EMG of the lower extremities. A hard copy of the EMG was not present in the medical record. It is unclear whether electrodiagnostic studies of the upper extremities were performed. Notably, this is a 23-year-old injury and prior medical records must be reviewed prior to ordering any additional testing. The injured worker has multiple diagnoses, multiple physicians, multiple QME's, multiple AME's, multiple magnetic resonance imaging scans. Consequently, absent clinical documentation of a detailed review of all the injured worker's medical records (over 23 years), electrodiagnostic studies (EDS) bilateral lower extremity are not medically necessary.