

Case Number:	CM15-0120236		
Date Assigned:	06/30/2015	Date of Injury:	03/05/2006
Decision Date:	08/05/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/22/2015

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

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51 year old female sustained an industrial injury to the neck and upper extremities on 3/5/06. Previous treatment included magnetic resonance imaging, right rotator cuff repair times two, left elbow surgery, bilateral carpal tunnel release, physical therapy and medications. Computed tomography arthrogram left shoulder (5/1/15) showed a prior rotator cuff repair with no evidence of significant retraction, atrophy or labral tear. In an orthopedic reevaluation dated 5/26/15, the injured worker complained of ongoing tingling and numbness to bilateral hands as well as intermittent right shoulder and neck pain with continuous decreased range of motion to the right shoulder. Physical exam was remarkable for cervical spine with increased tone associated with tenderness to palpation to the paraspinal and trapezius muscles, bilateral shoulder with tenderness to palpation, muscle spasms and positive supraspinatus weakness test, left shoulder with positive impingement test, left elbow with mild tenderness to palpation and bilateral wrists/hands with diffuse tenderness to palpation and mildly positive Tinel's sign. Current diagnoses included cervical spine sprain/strain with radicular components, status post left shoulder arthroscopy with residuals, left elbow lateral epicondylitis, status post bilateral carpal tunnel release. The treatment plan included electromyography/nerve conduction velocity test bilateral upper extremities, performing home exercise and a prescription for Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV/EMG of upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This injured worker receives treatment for chronic upper extremity discomfort and dysfunction, which relates back to an industrial injury on 03/05/2006. This review addresses a request for bilateral NCV/EMG studies of the upper extremities. The medical diagnoses include s/p carpal tunnel release, lateral epicondylitis, and prior repair of the rotator cuff. The neurological exam shows normal strength and reflex examinations, and no muscle wasting. The treatment guidelines advise electrophysiologic studies to identify subtle neurologic dysfunction in patients. Electrophysiologic studies may also be indicated to study nerve root involvement prior to epidural injections. Based on the documentation, there are no physical findings nor findings on CT/MRI imaging that meet these criteria. An EMG/NCV is not medically necessary.