

Case Number:	CM15-0123159		
Date Assigned:	07/07/2015	Date of Injury:	03/02/2014
Decision Date:	08/25/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/25/2015

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: Texas, 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 is a 42 year old female patient who sustained an industrial injury on March 3, 2014. She has reported injury to the cervical spine, left shoulder, left elbow, right hand, and left hand and has been diagnosed with cervicgia, left shoulder bursitis, left shoulder impingement syndrome, left elbow pain, right hand joint pain, left hand joint pain, and otalgia unspecified. She sustained the injury while pulling a polishing machine. Per the doctor's note dated 4/8/2015, she had complaints of neck pain and stiffness; left shoulder pain with radiation to the chest; left elbow pain; left hand pain with tingling and numbness radiating to the left elbow; right hand pain with tingling and numbness radiating to the right elbow; weakness in both hands; shortness of breath and anxiety. The physical examination revealed restricted and painful range of motion to the cervical spine, tenderness to palpation of the cervical paravertebral muscles, pain with cervical compression caused pain, decreased range of motion to the left shoulder with tenderness, decreased range of motion of the left elbow with tenderness and pain with Cozen's test, decreased range of motion to the left and right hand and pain with Phalen's test and Carpal compression test. The medications list includes naproxen, pantoprazole and cyclobenzaprine. She has had left shoulder MRI on 6/16/2014; cervical MRI on 9/4/2014. She has had injection, physical therapy, acupuncture, and medications. The treatment request included EMG of bilateral upper extremities and NCV of bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) of the right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178 and 261, 268.

Decision rationale: Electromyogram (EMG) of the left upper extremity; per the ACOEM guidelines "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." Per the records provided patient has neurological symptoms on the bilateral upper extremity- neck pain and stiffness; left shoulder pain with radiation to the chest; left elbow pain; left hand pain with tingling and numbness radiating to the left elbow; right hand pain with tingling and numbness radiating to the right elbow weakness in both hands. The physical examination revealed restricted and painful range of motion to the cervical spine, tenderness to palpation of the cervical paravertebral muscles, pain with cervical compression caused pain, decreased range of motion to the left shoulder with tenderness, decreased range of motion of the left elbow with tenderness and pain with Cozen's test, decreased range of motion to the left and right hand and pain with Phalen's test and Carpal compression test. At this juncture, it is medically appropriate to perform electro diagnostic study of the left upper extremity to objectively evaluate neurological symptoms. The request of Electromyogram (EMG) of the left upper extremity is medically necessary for this patient.

Electromyogram (EMG) of the left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178 and 261, 268.

Decision rationale: Electromyogram (EMG) of the right upper extremity; per the ACOEM guidelines "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." Per the records provided patient has neurological symptoms on the bilateral upper extremity- neck pain and stiffness; left shoulder pain with radiation to the chest; left elbow pain; left hand pain with tingling and numbness radiating to the left elbow; right hand pain with tingling and numbness radiating to the right elbow; weakness in both hands. The physical examination revealed restricted and painful range of motion to the cervical spine, tenderness to palpation of the

cervical paravertebral muscles, pain with cervical compression caused pain, decreased range of motion to the left shoulder with tenderness, decreased range of motion of the left elbow with tenderness and pain with Cozen's test, decreased range of motion to the left and right hand and pain with Phalen's test and Carpal compression test. Patient has tried conservative therapy including medications, physical therapy and acupuncture. At this juncture, it is medically appropriate to perform electro diagnostic study of the right upper extremity to objectively evaluate neurological symptoms. The request of Electromyogram (EMG) of the right upper extremity is medically necessary for this patient.

Nerve conduction velocity (NCV) of the right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178 and 261, 268.

Decision rationale: Nerve conduction velocity (NCV) of the right upper extremity; per the ACOEM guidelines "Electromyography (EMG), and nerve conduction velocities(NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." Per the records provided patient has neurological symptoms on the bilateral upper extremity- neck pain and stiffness; left shoulder pain with radiation to the chest; left elbow pain; left hand pain with tingling and numbness radiating to the left elbow; right hand pain with tingling and numbness radiating to the right elbow; weakness in both hands. The physical examination revealed restricted and painful range of motion to the cervical spine, tenderness to palpation of the cervical paravertebral muscles, pain with cervical compression caused pain, decreased range of motion to the left shoulder with tenderness, decreased range of motion of the left elbow with tenderness and pain with Cozen's test, decreased range of motion to the left and right hand and pain with Phalen's test and Carpal compression test. NCV right upper extremity is medically appropriate and necessary to evaluate the cause of right upper extremity neurological symptoms. The request of Nerve conduction velocity (NCV) of the right upper extremity is medically necessary for this patient at this time.

Nerve conduction velocity (NCV) of the left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178 and 261, 268.

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