

Case Number:	CM15-0172624		
Date Assigned:	09/14/2015	Date of Injury:	04/25/2015
Decision Date:	10/14/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old male, who sustained an industrial injury on April 25, 2015, resulting in pain or injury to the neck and back. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine sprain-strain, shoulder impingement, bicipital tendinitis, AC arthritis, subacromial bursitis, cervicgia and status post fall onto outstretched hands. On August 27, 2015, the injured worker reported persistent neck pain and radiculopathy as well as left shoulder discomfort. The Treating Physician's report dated August 13, 2015, noted the injured worker with improved cervical range of motion (ROM) and pain after completing approximately 7 sessions of physical therapy, with continued numbness and pain of the left shoulder and left upper extremity, and intermittent dysesthesias and pain on the right. The injured worker was noted to be taking Norco, Naprosyn, and Flexeril. The injured worker was noted to have positive Phalen's and Tinel's tests on the left. The Physician noted it was possible the injured worker may have some peripheral nerve entrapment and recommended a bilateral electromyography (EMG)-nerve conduction study (NCS) to rule out peripheral nerve entrapment versus cervical radiculopathy. The Treating Physician's report dated August 24, 2015, noted the injured worker with left shoulder pain rated as 7 out of 10, with the inability to work. The Primary Treating Physician's report dated August 27, 2015, noted the injured worker had a recent injection of the left shoulder. The injured worker was noted to have tenderness to palpation of the left shoulder and psm of the neck and trapezius. The injured worker was noted to remain off work until September 16, 2015, with a work status of temporary total disability. The treating physician indicates that a cervical spine MRI dated May 22, 2015, showed mild to

moderate multilevel spondylosis with mild multilevel central canal and foraminal stenosis, C3-C7 without evidence of cord compression. Prior treatments have included at least 7 sessions of physical therapy and medication. The request for authorization dated August 27, 2015, requested an EMG/NCV of the upper extremities. The Utilization Review (UR) dated September 1, 2015, recommended non-certification of the request for an EMG/NCV of the upper extremities, as medical necessity was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the upper extremities Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back - Nerve conduction studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) (2) Carpal Tunnel Syndrome (Acute & Chronic): Electrodiagnostic studies (EDS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury in August 2015 after falling when he slipped backwards on a new floor in a fire station. When seen he had completed approximately 7 physical therapy treatments with improved cervical spine range of motion. He was having left shoulder and upper extremity pain and numbness with intermittent dysesthesias and pain on the right side. Physical examination findings included decreased and guarded left shoulder and cervical spine range of motion. There was left upper extremity weakness with positive Phalen's and Tinel's testing. An MRI had not shown findings that correlated with his symptoms. Authorization for bilateral upper extremity electrodiagnostic testing was requested. Electrodiagnostic testing (EMG/NCS) is 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. Criteria include that the testing be medically indicated. In this case, left upper extremity electrodiagnostic testing is medically necessary. However, there are no neurological examination findings that would support the need for obtaining right upper extremity EMG or NCS testing at this time. This request that was submitted for bilateral testing is not medically necessary.