

Case Number:	CM15-0175306		
Date Assigned:	09/16/2015	Date of Injury:	12/10/2008
Decision Date:	11/30/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/04/2015

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: 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 55-year-old female, with a reported date of injury of 12-10-2008. The diagnoses include left shoulder impingement syndrome with tendinitis and bursitis, left shoulder partial thickness rotator cuff tear, carpal tunnel syndrome, cubital tunnel syndrome, and status post left shoulder arthroscopy, subacromial decompression, and rotator cuff repair. Treatments and evaluation to date have included left shoulder diagnostic arthroscopy on 04-07-2015. The diagnostic studies to date have included an x-ray of the left shoulder on 01-14-2014 with unremarkable findings; and an MRI of the left shoulder on 02-13-2014 which showed tenosynovitis of the biceps tendon. The progress report dated 07-14-2015 indicates that the injured worker complained of pain in the left shoulder and left elbow. It was noted that she was slightly improved since her left shoulder surgery. The physical examination of the left shoulder showed flexion at 90 degrees, abduction at 80 degrees, internal and external rotation at 25 degrees, and pain with range of motion. A physical examination of the left elbow showed tenderness on the lateral aspect and positive Cozen's on the left. The treatment plan included electrodiagnostic studies of the bilateral upper extremities to rule out radiculopathy, carpal tunnel syndrome, and neuropathy. It was noted that she was being seen under future medical provisions. The treating physician requested an electromyography (EMG) of the bilateral upper extremities and a nerve conduction velocity (NCV) of the bilateral upper extremities. A report dated June 10, 2015 indicates that the patient has tingling in her fingers and hands and radiating pain from the neck into the shoulder and down the arm and into the fingers. Physical examination reveals positive Tinel's, Phalen's, and compression test over the carpal tunnel period Tinel's test is also positive over the cubital tunnel. The treatment plan recommends

obtaining records from her prior providers in the form of her prior nerve conduction study to confirm the diagnosis and severity of her carpal tunnel and cubital tunnel syndrome. On 08-07-2015, Utilization Review (UR) non-certified the request for an EMG of the left upper extremity, an NCV of the left upper extremity, an EMG of the right upper extremity, and an NCV of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic) - Electrodiagnostic testing for TOS (thoracic outlet syndrome), Official Disability Guidelines (ODG), Elbow (Acute & Chronic) - Tests for cubital tunnel syndrome (ulnar nerve entrapment).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for EMG of Left upper extremity, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Guidelines go on to state that EMG is recommended to clarify nerve root dysfunction if findings of history and physical exam are consistent. Within the documentation available for review, it appears the patient has some findings which may be consistent with carpal tunnel syndrome or ulnar neuropathy. However, there is no recent thorough neurologic examination evaluating the patient's sensory and motor system of the upper extremities. Additionally, notes seem to indicate that previous electrodiagnostic studies have been performed, and it seems reasonable to review these prior to requesting additional electrodiagnostic studies. Additionally, it is unclear what recent conservative treatment has been directed towards these complaints. In the absence of clarity regarding those issues, the currently requested EMG of Left upper extremity is not medically necessary.

NCV Right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic) - Electrodiagnostic testing for TOS (thoracic outlet syndrome), Official Disability Guidelines (ODG), Elbow (Acute & Chronic) - Tests for cubital tunnel syndrome (ulnar nerve entrapment).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for NCV of Right upper extremity, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Guidelines go on to state that EMG is recommended to clarify nerve root dysfunction if findings of history and physical exam are consistent. Within the documentation available for review, it appears the patient has some findings which may be consistent with carpal tunnel syndrome or ulnar neuropathy. However, there is no recent thorough neurologic examination evaluating the patient's sensory and motor system of the upper extremities. Additionally, notes seem to indicate that previous electrodiagnostic studies have been performed, and it seems reasonable to review these prior to requesting additional electrodiagnostic studies. Additionally, it is unclear what recent conservative treatment has been directed towards these complaints. In the absence of clarity regarding those issues, the currently requested NCV of Right upper extremity is not medically necessary.

NCV Left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic) - Electrodiagnostic testing for TOS (thoracic outlet syndrome), Official Disability Guidelines (ODG), Elbow (Acute & Chronic) - Tests for cubital tunnel syndrome (ulnar nerve entrapment).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for NCV of Left upper extremity, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Guidelines go on to state that EMG is recommended to clarify nerve root dysfunction if findings of history and physical exam are consistent. Within the documentation available for review, it appears the patient has some findings which may be consistent with carpal tunnel syndrome or ulnar neuropathy. However, there is no recent thorough neurologic examination evaluating the patient's sensory and motor system of the upper extremities. Additionally, notes seem to indicate that previous electrodiagnostic studies have been performed, and it seems reasonable to review these prior to requesting additional electrodiagnostic studies. Additionally, it is unclear what recent conservative treatment has been directed towards these complaints. In the absence of clarity regarding those issues, the currently requested NCV of Left upper extremity is not medically necessary.

EMG Right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic) - Electrodiagnostic testing for TOS (thoracic outlet syndrome), Official Disability Guidelines (ODG), Elbow (Acute & Chronic) - Tests for cubital tunnel syndrome (ulnar nerve entrapment).

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Decision rationale: Regarding the request for EMG of Right upper extremity, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Guidelines go on to state that EMG is recommended to clarify nerve root dysfunction if findings of history and physical exam are consistent. Within the documentation available for review, it appears the patient has some findings which may be consistent with carpal tunnel syndrome or ulnar neuropathy. However, there is no recent thorough neurologic examination evaluating the patient's sensory and motor system of the upper extremities. Additionally, notes seem to indicate that previous electrodiagnostic studies have been performed, and it seems reasonable to review these prior to requesting additional electrodiagnostic studies. Additionally, it is unclear what recent conservative treatment has been directed towards these complaints. In the absence of clarity regarding those issues, the currently requested EMG of Right upper extremity is not medically necessary.