

Case Number:	CM15-0065354		
Date Assigned:	04/13/2015	Date of Injury:	01/13/2015
Decision Date:	05/13/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/07/2015

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

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 54 year old male, who sustained an industrial injury on 1/13/2015. Diagnoses include cervicalgia, rotator cuff dis NEC and shoulder pain. Treatment to date has included diagnostics, physical therapy, injections and medications. Per the Primary Treating Physician's Progress Report dated 3/24/2015, the injured worker reported left shoulder pain and weakness in the left arm with associated numbness involving the entire arm. Physical examination revealed cervical range of motion mildly limited with pain. Shoulder examination revealed elevation 160, internal rotation to T8 and external rotation of 80 degrees. There were positive Neer and Hawkin's tests. Bicipital groove was mildly tender. There was a positive Popeye's sign. Elbow examination revealed full extension and flexion 145, and pronation and supination of 80 degrees without pain. Cervical spine examination revealed tenderness to the paracervical muscles, trapezius and deltoid. The plan of care included diagnostic testing and authorization was requested for EMG (electromyography)/NCV (nerve conduction studies) of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography)/NCV (nerve conduction velocity) of the right upper extremity:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 303, 260-262.

Decision rationale: The 54 year old patient complains of pain in the left shoulder along with weakness and numbness in the left arm and occasional radiation of pain from the neck to the left shoulder, as per progress report dated 04/03/15. The request is for EMG (Electromyography) NCV (Nerve Conduction Velocity) of the right upper extremity. There is no RFA for this case, and the patient's date of injury is 01/13/15. Diagnoses, as per progress report dated 04/03/15, included cervicalgia, rotator cuff dis NEC, and shoulder pain. The patient is working with restrictions, as per the same progress report. For EMG, ACOEM Guidelines page 303 states, "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "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. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." As per progress report dated 03/24/15, the patient is suffering from signs and symptoms of cervical radiculopathy with left arm numbness and tingling. The treating physician is, therefore, requesting for an EMG/NCV of the left upper extremity. However, the UR denial letter, dated 04/03/15, states that the request was for EMG/NCV of bilateral upper extremities, which was authorized partially. While the EMG/NCV for the left upper extremity was approved, electrodiagnostic studies for the right upper extremity were not certified. In progress report dated 03/24/15, the treating physician states that the patient has a history of right shoulder injury in 2009 but does not discuss any signs and symptoms in the right upper extremity that may be affecting the patient at this time. Given the lack of clinical evidence, the request for EMG/NCV of right upper extremity IS NOT medically necessary.