

Case Number:	CM15-0075189		
Date Assigned:	04/27/2015	Date of Injury:	04/30/2014
Decision Date:	05/22/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/20/2015

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: New Jersey

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:

The injured worker is a 43-year-old female, who sustained an industrial injury on 4/30/14. She reported pain in the right shoulder, right arm, right elbow, right wrist, and right hand. The injured worker was diagnosed as having shoulder pain. Treatment to date has included a right arm sling, physical therapy, and medication. A MRI of the left shoulder obtained on 7/29/14 revealed severe degenerative changes in the acromioclavicular joint with evidence of inflammation. Anterior down sloping of the acromion that may contribute to impingement was noted. Supraspinatus and biceps tendinosis and degeneration of the superior labrum was noted. Abnormal configuration of the anterior and posterior labrum, which was note to be either congenital or secondary to a tear, was also noted. Currently, the injured worker complains of right shoulder, right elbow, and right wrist pain. Numbness was present in the fingers. The treating physician requested authorization for a nerve conduction study/electromyogram 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:

NCS/EMG right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 181-183 & 271-273.

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

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 periods (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, EMG/NCV testing of the right arm was recommended for the purpose of "ruling out carpal tunnel syndrome" and to help explain reported symptoms of tingling in hands at night and when gripping. Although the symptoms suggest it might be carpal tunnel syndrome, physical examination seemed to be incomplete considering provocative testing and other neurological examination could have been performed to help confirm the suspicion. Nerve testing is not very effective as a screening tool, with better specificity and lower sensitivity. Therefore, the request for nerve testing of the right upper extremity will be considered medically unnecessary at this time.