

Case Number:	CM15-0078825		
Date Assigned:	04/30/2015	Date of Injury:	04/05/2012
Decision Date:	05/29/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/24/2015

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 York

Certification(s)/Specialty: Internal Medicine

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 50 year old female sustained an industrial injury to bilateral shoulders on 4/5/12. Previous treatment included magnetic resonance imaging, left carpal tunnel release, bilateral shoulder arthroscopy with rotator cuff repair and decompression, physical therapy and medications. In a progress noted dated 3/12/15, the injured worker complained of ongoing bilateral shoulder pain, rated 5/10 on the visual analog scale and right hand numbness. Physical exam was remarkable for right hand with mild pain with carpometacarpal grind test and mild diffuse pain with Finkelstein's tests. Tinel's and Phalen's tests were equivocal. Current diagnoses included carpal tunnel syndrome, arthritis of acromioclavicular joint, shoulder pain, shoulder adhesive capsulitis, shoulder bursitis, full thickness rotator cuff tear, paresthesia, partial thickness rotator cuff tear and history of depression. The treatment plan included electromyography of 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 bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines: Nerve Conduction Velocity Testing.

Decision rationale: The request for diagnostic test EMG/NCV; bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The Official Disability Guidelines further state that nerve conduction studies are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. In this case, the claimant has mild right hand pain with equivocal Tinel's and Phalen's tests. There was documentation indicating any trial of conservative treatment. There is no specific indication for bilateral upper extremity EMG/NCV testing. Medical necessity for the requested item is not established. The requested item is not medically necessary.