

Case Number:	CM15-0091307		
Date Assigned:	05/15/2015	Date of Injury:	02/16/2015
Decision Date:	06/17/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/12/2015

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, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 47-year-old female, who sustained an industrial injury on 2/16/15. She has reported initial complaints of passing out and falling and landing on her right side with injuries to the neck, right shoulder, right hand, low back and right leg. The diagnoses have included cervical myospasm, lumbar myospasm, right shoulder bursitis, right shoulder impingement, status post -surgery right shoulder, right hand tenosynovitis and right carpal tunnel syndrome. Treatment to date has included medications, compound creams, activity modifications, diagnostics, physical therapy, chiropractic, Functional Capacity Evaluation (FCE) and home exercise program (HEP). Currently, as per the physician progress note dated 4/22/15, the injured worker complains of continuous neck burning sensation that radiates to the right upper extremity, continuous right shoulder pain and right hand pain with weakness. Physical exam reveals tenderness over the right shoulder, positive Neer, Hawkin's, Speed's and supraspinatus press tests. The right hand test reveals there is swelling and atrophy present at the right hand. There is tenderness to palpation of the palmar aspect of the right hand, carpal compression is positive and Phalen's is positive. The diagnostic testing that was performed included x-rays of the right hand and wrist that were normal. The current medications included tramadol, Cyclobenzaprine and Gabapentin. The physician requested treatment included 1 Electromyography and Nerve Conduction Velocity Studies of The Bilateral Upper Extremities due top deteriorating neurologic conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electromyography and Nerve Conduction Velocity Studies of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), “Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks.” EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. “When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), 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.” (Page 178) EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). There is no documentation of peripheral nerve damage, cervical radiculopathy and entrapment neuropathy that requires electrodiagnostic testing. There is no documentation of significant change in the patient's condition. Therefore, the request for EMG/NCS BUE is not medically necessary.