

Case Number:	CM15-0095536		
Date Assigned:	05/22/2015	Date of Injury:	08/01/2012
Decision Date:	06/24/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/18/2015

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: Texas, California
 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 57-year-old female, who sustained an industrial injury on August 1, 2012. The injured worker was diagnosed as having unspecified neuralgia, neuritis and radiculitis, carpal tunnel syndrome, cervical radiculopathy and possible right shoulder impingement. Treatment to date has included analgesics and non-steroidal anti-inflammatory drugs (NSAID). A progress note dated April 15, 2015 the injured worker complains of neck and right shoulder pain with spasm and pain in both hands. Physical exam notes painful range of motion (ROM) of the right shoulder with spasm and spasm and hypersensitivity of the hands. The patient has had negative Tinel sign. The plan includes electromyogram, nerve conduction study, surgical consultation and medication. The patient sustained the injury due to lifting a roll. Patient has received an unspecified number of PT and acupuncture visits for this injury. The patient has had MRI of the right shoulder on 3/27/15 that revealed supraspinatus tendinosis. The patient has had EMG study on 3/17/14 that revealed bilateral CTS.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back chapter, carpal tunnel syndrome chapter.

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

Decision rationale: EMG/NCV bilateral upper extremities. Per ACOEM chapter 12 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." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. 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." The patient has had EMG study on 3/17/14 that revealed bilateral CTS (carpal tunnel syndrome). Significant changes in objective physical examination findings since the last electrodiagnostic study that would require a repeat electrodiagnostic study were not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. A detailed response to a complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. The request for EMG/NCV bilateral upper extremities is not medically necessary for this patient.