

Case Number:	CM15-0097496		
Date Assigned:	05/28/2015	Date of Injury:	04/23/2012
Decision Date:	06/26/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/20/2015

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: 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 51 year old female, who sustained an industrial injury on 4/23/2012. Diagnoses include rotator cuff tear, medial epicondylitis and lateral epicondylitis. Treatment to date has included medications, physical therapy, chiropractic care, shoulder surgery, and diagnostics including EMG (electromyography)/NCV (nerve conduction studies), and magnetic resonance imaging (MRI). Per the Primary Treating Physician's Progress Report dated 4/13/2015, the injured worker reported pain in the right side of the neck rated as 4/10 and aggravated with activities. Physical examination revealed right shoulder tenderness with slightly painful, limited range of motion. There was minimal tenderness over the medial and lateral epicondyles of the right elbow. There was full range of motion with minimal pain. There was mild tenderness of the right wrist over the volar area aspect and thenar area. Tinel sign was equivocal over the carpal tunnel area. Phalen sign was equivocal. Range of motion of the right wrist was full and painless. Right hand examination revealed no swelling or tenderness. Pinprick and touch sensation were slightly diminished over the volar aspect of the right forearm and hand. The plan of care included medications and electrodiagnostic testing and authorization was requested for an EMG/NCV of the cervical spine and bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS cervical spine & bilateral upper extremities (BUE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Chapter 8 Neck & Upper Back, Special Studies and Diagnostic and Treatment Considerations, pages 177-178.

Decision rationale: Review indicates the patient had 2 previous electrodiagnostic testing. The patient has unchanged symptoms and clinical findings without significant progression to support repeating the diagnostic study. Per MTUS Guidelines, with specific symptoms or neurological compromise consistent with entrapment syndrome, medical necessity for NCV is established. Submitted reports have already demonstrated the symptoms and clinical findings to suggest for new entrapment syndrome with confirmed diagnoses from previous NCV study rendered. Additionally, per MTUS Guidelines, without specific change in symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for EMG has not been established. Submitted reports have not demonstrated any acute change in symptoms or progressive deterioration in clinical findings to support for repeating the electrodiagnostic. The EMG/NCS cervical spine & bilateral upper extremities (BUE) is not medically necessary or appropriate.