

Case Number:	CM15-0099153		
Date Assigned:	06/01/2015	Date of Injury:	01/10/2005
Decision Date:	07/07/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/22/2015

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 62-year-old female, who sustained an industrial injury on 1/1/2005. She reported right shoulder pain. The injured worker was diagnosed as having status post right shoulder revision rotator cuff repair, status post right shoulder extensive debridement, status post right shoulder arthroscopic revision acromioplasty, status post right shoulder revision lateral scar. Treatment to date has included medications, psychological evaluation, right rotator cuff surgery (4/4/2013), and physical therapy, electrodiagnostic studies (2/17/2014). The request is for electromyogram and nerve conduction studies of the right upper extremity. On 1/28/2015, a work status notice indicated she restricted completely from repetitive pinching and grasping. On 3/11/2015, she complained of neck pain with radiation from the neck down to the bilateral upper extremity and right shoulder pain. Her pain is noted to be unchanged from her last visit. She rated her pain with medications as 4/10 and without medications 8/10. She reported her sleep quality to be good. On 4/20/2015, she is noted to be responding well to physical therapy. Physical examination indicated the right shoulder range of motion as: forward elevation 115 degrees, external rotation 30 degrees, and internal rotation to L5. Rotator cuff strength if 4/5 and she is negative for impingement signs. The treatment plan is for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of right upper extremity qty 1. 00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 303, 260-262.

Decision rationale: The 61-year-old patient complains of right shoulder pain, rated at 6-7/10, as per progress report dated 05/05/15. The request is for EMG/NCS of right upper extremity. There is no RFA for this case, and the patient's date of injury is 01/01/05. The patient is status post bilateral carpal tunnel release, second bilateral carpal tunnel release, and right shoulder rotator cuff repair on 08/06/14, as per progress report dated 05/05/15. Medications included Dilacor, Hydrochlorothiazide, Lopressor, Celexa, Nortriptyline and Norco. Diagnoses included right shoulder impingement and recurrent right rotator cuff tendon tearing. The patient is not working, as per the same progress report. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, the request for EMG/NCV is noted in progress report dated 03/11/15. The treater states that the request is for EMG/NCV of upper extremities including arm and hand as the patient reports "increasing radicular pain in RUE. Also reporting numbness and tingling as well as uncontrolled motor movement." However, as per progress report dated 12/17/14, the patient underwent EMG/NCS of bilateral upper extremities on 02/17/14, which revealed bilateral mild CTS. ACOEM allows for repeat electrodiagnostic studies only if the prior ones are negative during the acute phase. There is no new injury, new clinical information or change in neurologic findings to warrant an updated studies. Hence, the request IS NOT medically necessary.