

Case Number:	CM14-0140669		
Date Assigned:	09/10/2014	Date of Injury:	04/17/2014
Decision Date:	10/17/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45-year-old male who has submitted a claim for bilateral shoulder sprain/strain associated with an industrial injury date of 04/17/2014. Medical records from 04/17/2014 to 07/29/2014 were reviewed and showed that patient complained of bilateral shoulder pain graded 4/10 radiating down bilateral upper extremities with tingling and numbness. Physical examination revealed tenderness over glenohumeral and AC joints bilaterally, positive impingement, apprehension, and empty can's tests, weakness of upper extremities, and no documentation of sensation and DTR findings of upper extremities. Treatment to date has included physical therapy, chiropractic care, acupuncture, and pain medications. Of note, there was no objective documentation of functional outcome from aforementioned treatments. Utilization review dated 08/25/2014, denied the request for EMG/NCV of bilateral upper extremities because there was no documentation of subtle focal neurologic deficit or sensorimotor reflex examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Upper Extremity Electromyography (EMG): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient complained of bilateral shoulder pain radiating down bilateral upper extremities with tingling and numbness. Physical examination findings include weakness of upper extremities, and no documentation of sensation and DTR findings of upper extremities. However, the patient's clinical manifestations were inconsistent with a focal neurologic deficit to support EMG study. Therefore, the request for bilateral upper extremity EMG is not medically necessary.

Bilateral Upper Extremities Nerve Conduction Velocity Test (NCV): Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Neck and Upper Back, Nerve Conduction Studies Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

Decision rationale: CA MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, Official Disability Guidelines (ODG) states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled "Nerve Conduction Studies in Polyneuropathy" cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the patient complained of bilateral shoulder pain radiating down bilateral upper extremities with tingling and numbness. Physical examination findings include weakness of upper extremities, and no documentation of sensation and DTR findings of upper extremities. NCV is a reasonable option for the patient who presents with symptoms of neuropathy. Therefore, the request for bilateral upper extremities nerve conduction velocity test (NCV) is medically necessary.