

Case Number:	CM14-0039513		
Date Assigned:	06/27/2014	Date of Injury:	01/22/2014
Decision Date:	08/11/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/03/2014

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 Family 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 patient is a 30 year-old woman who was injured while at work on 1/22/2014. The injury was primarily to her right shoulder and arm. She is requesting review of denial for the following tests: Bilateral Upper Extremity EMG (electromyography) and Bilateral Upper Extremity NCV (nerve conduction studies). Included for review are the Primary Treating Physician's Progress Reports (PR-2s) as well as other medical records. These records indicate that the patient has had problems with ongoing pain in the right shoulder since the time of the injury. She underwent an MRI, which was reported as normal except for possible chronic synovitis. She was treated with physical therapy, activity restrictions, a TENS unit, muscle relaxants, and NSAIDs. Her chronic diagnoses included: Right Shoulder/Arm Sprain/Strain. An EMG and NCV were ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral upper extremity EMG (electromyography): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 63, 303.

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

Decision rationale: The MTUS/ACOEM Guidelines address the use of neurodiagnostic testing for patients with suspected neuropathy as a component of their ongoing symptoms. These

guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. 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. The medical records available for review do not contain information to support a suspected neuropathy. There is insufficient documentation to support the presence of a neuropathy causing the patient's right shoulder and arm pain. The Primary Treating Physician's Reports do not include objective findings on examination that suggests neuropathic pain. Specifically, there is no evidence of a detailed neurologic examination, e.g. deep tendon reflexes, sensory, and motor examination. Entries in the record repeatedly state that the patient is neurovascularly intact. In summary, there is insufficient documentation in support of diagnostic testing with EMGs in this patient. Therefore, Bilateral upper extremity EMG (electromyography) is not medically necessary and appropriate.

Bilateral upper extremity NCV (nerve conduction studies): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS/ACOEM Guidelines address the use of neurodiagnostic testing for patients with suspected neuropathy as a component of their ongoing symptoms. These guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. 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. The medical records available for review do not contain information to support a suspected neuropathy. There is insufficient documentation to support the presence of a neuropathy causing the patient's right shoulder and arm pain. The Primary Treating Physician's Reports do not include objective findings on examination that suggests neuropathic pain. Specifically, there is no evidence of a detailed neurologic examination, e.g. deep tendon reflexes, sensory, and motor examination. Entries in the record repeatedly state that the patient is "neurovascularly intact." In summary, there is insufficient documentation in support of diagnostic testing with NCVs in this patient. Therefore, Bilateral upper extremity NCV (nerve conduction studies) is not medically necessary and appropriate.