

Case Number:	CM16-0247287		
Date Assigned:	12/30/2016	Date of Injury:	10/13/2016
Decision Date:	01/25/2017	UR Denial Date:	11/30/2016
Priority:	Standard	Application Received:	12/23/2016

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, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a 61-year-old male who has filed a claim for shoulder pain reportedly associated with an industrial injury of October 13, 2016. In a utilization review report dated November 30, 2016, the claims administrator failed to approve a request for EMG and NCS testing of the left upper extremity. A November 18, 2016 date of service was referenced in its determination. Plain film imaging of the shoulder dated October 14, 2016 was notable for calcification about the greater tuberosity of the shoulder with moderate acromioclavicular osteoarthritis. On a December 1, 2016 RFA form, 8 sessions of physical therapy were ordered. On December 1, 2016, the applicant reported ongoing issues with shoulder pain attributed to a full-thickness, near-complete tear of the supraspinatus tendon with underlying calcifying tendonitis. A shoulder corticosteroid injection was administered. Eight sessions of physical therapy were ordered. Work restrictions were imposed. There was no seeming mention of the need for the electrodiagnostic testing in question. On November 18, 2016, the applicant reported ongoing issues with right shoulder pain, with difficulty getting in and out of shirts. Moderate weakness was noted. The applicant reported difficulty abducting his arm beyond 90 degrees. No numbness was appreciated about the left arm. The applicant reported numbness and tingling about the left thumb, index finger, and radial hand, the attending provider noted, with hyposensorium appreciated about the left thumb and left index finger. Electrodiagnostic testing of the left upper extremity was ordered. An orthopedic referral was ordered to address the issues of the shoulder. The attending provider stated that the electrodiagnostic testing in question was ordered to evaluate the applicant's persistent numbness involving the digits.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Electrodiagnostic testing (EMG/NCS).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: The request for EMG testing of the left upper extremity was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 261 notes that electromyography "may be helpful" in applicants with "more difficult cases" in whom nerve conduction testing alone will be insufficient to establish a diagnosis of carpal tunnel syndrome, here, however, the attending provider failed to furnish a clear or compelling rationale for the EMG component of the request on the November 18, 2016 office visit at issue, which focus, in large part, on discussion of the applicant's primary presenting complaint of right shoulder pain. Therefore, the request was not medically necessary.

NCS of the left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Electrodiagnostic testing (EMG/NCS).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

Decision rationale: Conversely, the request for nerve conduction study (NCS) of the left upper extremity was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 261, appropriate electrodiagnostic studies may be helpful in distinguishing between carpal tunnel syndrome and other considerations, such as cervical radiculopathy. Such testing typically includes nerve conduction testing, the MTUS Guideline in ACOEM Chapter 11, page 261 notes. The MTUS Guideline in ACOEM Chapter 11, page 269 notes that electrical studies may be indicated in applicants with suspected peripheral nerve impingement in whom no improvement or worsening has occurred within 4 to 6 weeks. Here, the applicant was seemingly symptomatic for approximately 5 weeks through the date of the request, November 18, 2016, following an industrial injury of October 13, 2016. Moving forward with the nerve conduction testing in question was, thus, indicated, given the duration of the applicant's upper extremity paresthesias (some 5 weeks). Therefore, the request was medically necessary.