

Case Number:	CM13-0001188		
Date Assigned:	12/27/2013	Date of Injury:	03/12/2013
Decision Date:	03/26/2014	UR Denial Date:	06/21/2013
Priority:	Standard	Application Received:	07/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 physician 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 44-year-old female who reported an injury on 03/12/2013. The patient is currently diagnosed with cervical myospasm, cervical pain, cervical radiculopathy, cervical sprain/strain, lumbar muscle spasm, lumbar pain, lumbar radiculopathy, lumbar sprain/strain, left carpal tunnel syndrome, left wrist pain, right carpal tunnel syndrome, and right wrist sprain/strain. The patient was seen by [REDACTED] on 09/10/2013. The patient reported ongoing pain to the cervical spine, lumbar spine, and bilateral wrists. Physical examination revealed decreased and painful cervical range of motion, 3+ tenderness to palpation, muscle spasm, positive cervical compression testing, positive shoulder depression testing bilaterally, and 3+ tenderness to palpation with positive Tinel's and Phalen's of bilateral wrists. Treatment recommendations included physical therapy, x-rays of the cervical and lumbar spine, MRIs of the cervical and lumbar spine, EMG/NCV study, MRA of the left wrist, a home TENS/EMS unit, and home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG; Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), EMG Section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Electrodiagnostic Testing

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurological dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the patient is currently diagnosed with bilateral carpal tunnel syndrome, and is scheduled for a right carpal tunnel release. The medical necessity for electrodiagnostic testing at this time has not been established. Therefore, the request is non-certified..

NCV; Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NCV Section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Electrodiagnostic Testing

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurological dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the patient is currently diagnosed with bilateral carpal tunnel syndrome, and is scheduled for a right carpal tunnel release. The medical necessity for electrodiagnostic testing at this time has not been established. Therefore, the request is non-certified.