

Case Number:	CM13-0010364		
Date Assigned:	10/11/2013	Date of Injury:	05/17/2002
Decision Date:	04/03/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/15/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 47-year-old female with date of injury of 05/17/2002. The listed diagnoses per [REDACTED] dated 07/12/2013 are neck pain; myofascial pain; paresthesias of the upper extremities; carpal tunnel syndrome; and depression. According to report dated 07/12/2013, the patient presents with neck pain and upper extremity pain/numbness. Examination of the neck revealed some pain with cervical flexion, extension, and rotation. The patient has trigger point tenderness of the paraspinal muscles and bilateral trapezius. It was noted that Spurling's sign elicits neck pain. The patient also had some facet joint tenderness of the lower cervical facet joints. Examination of bilateral upper extremities revealed that the patient had reduced sensation of bilateral 4th and 5th fingers. It was noted that the patient had positive Phalen's signs and Tinel's sign at the bilateral wrists. The treating physician stated that the patient's last electrodiagnostic studies of the upper extremities was over one year ago (01/12/2012). They did demonstrate carpal tunnel syndrome. The treating physician has requested a repeat electrodiagnostic study of the upper extremities to see if her carpal tunnel syndrome has worsened.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG FOR THE BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient presents with continued carpal tunnel syndrome. The physician is requesting a repeat EMG for the bilateral upper extremities. Utilization review dated 07/25/2013 modified the request for an approval of a nerve conduction study stating "given clinical findings and need for current testing prior to surgical intervention, medical necessity has been established for a nerve conduction study of the bilateral extremities". ACOEM Guidelines state that the EMG/NCV for hand/wrist symptoms appropriate diagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. This may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. In this case, the physician is considering surgical intervention and requires an updated set of studies. The last EMG/NCV studies were from January 2012. For this reason, an EMG for the bilateral upper extremities is medically necessary and appropriate.