

Case Number:	CM13-0011327		
Date Assigned:	06/16/2014	Date of Injury:	03/29/2011
Decision Date:	08/05/2014	UR Denial Date:	08/02/2013
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 and Rehabilitation, 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 46-year-old female who reported an injury 03/29/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 08/02/2013 indicated the physician reviewed the injured worker's chart notes. Given the injured worker's history, previous tried therapies, clinical presentation, impression, and rationale for requested treatments, the provider reported the injured worker would likely benefit from a Functional Restoration Program due to chronicity of her pain and loss of function and as such he would withdraw the EMG(electromyography)/NCV(nerve conducting velocity) study request. The provider reported he did not feel the injured worker was a surgical candidate. The injured worker's prior treatments included diagnostic imaging, physical therapies, and medication management. The provider submitted request for EMG of the bilateral upper extremities and nerve conduction velocity of the bilateral upper extremities. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

Decision rationale: The CA MTUS/ACOEM guidelines state that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. Per the clinical note above, the provider has requested to withdraw the request for EMG and has decided the injured worker would benefit from Functional Restoration Program. As such, the request for Electromyography of the Bilateral Upper Extremities is not medically necessary.

NERVE CONDUCTION VELOCITY OF THE BILATERAL UPPER EXTREMITIES:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

Decision rationale: The CA MTUS/ACOEM guidelines state that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. Per the clinical note, the provider has requested to withdraw the request and has decided the injured worker would likely benefit from Functional Restoration Program. As such, the request for Nerve Conduction Velocity Of The Bilaterally Upper Extremities is not medically necessary.