

Case Number:	CM13-0030401		
Date Assigned:	11/27/2013	Date of Injury:	10/01/2007
Decision Date:	02/04/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/30/2013

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 Orthopedic Surgery 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 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 49-year-old female who was injured in a work accident on 01/10/08. Clinical records reviewed include a cervical MRI report of 04/06/12 that showed disc protrusions at C3-4, C4-5, and C5-6 with patent neural foramina. Also available for review is a 03/23/12 electrodiagnostic study report to the upper extremities showing bilateral carpal tunnel syndrome, left greater than right in a moderate fashion. A recent clinical assessment of 09/20/13 with [REDACTED] indicated ongoing complaints of neck and low back with right greater than left radiating upper extremity complaints. He reviewed the claimant's prior electrodiagnostic studies of 2012 and showed a physical examination with restricted range of motion to the cervical spine, positive Phalen's and Tinel's testing bilaterally, diminished sensation in a C5 through C7 dermatomal distribution. A carpal tunnel release procedure was recommended at that time. At present, there is a request for upper extremity bilateral electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV UPPER EXTREMITIES: 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 based on Non-MTUS Citation ACOEM 2004 OMPG

Neck/Upper back ch 8. 178 Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests.

Decision rationale: Based on ACOEM Guidelines, electrodiagnostic studies to the upper extremities would not be indicated. Upper extremity electrodiagnostic studies are useful to identify focal neurologic dysfunctions in claimants with symptoms greater than four weeks. The records in this case, however, clearly demonstrate the claimant's current diagnosis with positive prior electrodiagnostic studies supporting a course of carpal tunnel syndrome that is consistent with the claimant's current physical examination findings. Repeat testing in this case would not be indicated.