MAXIMUS Federal Services

Case Number:	CM13-0033529		
Date Assigned:	12/27/2013	Date of Injury:	09/24/2013
Decision Date:	03/05/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/10/2013

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 Neurology and is licensed to practice in Massachusetts, Ohio, and Texas. 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 41-year-old male who reported a work related injury on 09/24/2013, as a result of repetitive motion to the right upper extremity. Clinical note dated 11/05/2013 reports the patient was seen in consultation under the care of [redacted]. Provider documents the patient had a prior history of bilateral carpal tunnel syndrome as of 2004. The patient reports numbness to the digits 2 through 4. The provider documents, upon physical exam of the patient, full range of motion about the bilateral upper extremities was noted as well as the elbow, the wrist, and digits of the hands. The provider documented the patient had negative Tinel's and Phalen's. The patient had 5/5 motor strength noted throughout. The provider documented the patient presented with symptoms of multifocal pain consistent with diffuse nonspecific myalgia, a form of chronic pain syndrome. Provider documented the patient's exam was notable for multifocal tenderness. The provider documented the patient only had attended 3 visits of physical therapy and recommended exhausting physical therapy for soft tissue modalities as well as strengthening in addition to acupuncture or chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The Physician Reviewer's decision rationale: The current request is not supported. California MTUS/ACOEM indicates when the neurological examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The clinical documentation submitted for review evidences the patient sought treatment with providers in 09/2013 status post reporting a work related injury the same month. Consultation with provider, [redacted], documents the patient presented with no motor, neurological, or sensory deficits objectively upon physical exam. The provider documented he did not feel that the patient presented with clinical signs or symptoms of carpal tunnel syndrome. The patient had negative Phalen's and Tinel's. Given the lack of documentation of exhaustion of conservative treatment as well as significant objective findings in symptomatology, the request for EMG of the right upper extremity is not medically necessary or appropriate.

NCV of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The current request is not supported. California MTUS/ACOEM indicates when the neurological examination is less cleared for their physiologic evidence of NERD dysfunction can be obtained before ordering an imaging study. The clinical documentation submitted for review evidences the patient sought treatment with providers in 09/2013. Status post reporting to work related injury the same month. Consultation with provider [redacted] documents the patient presented with no motor, neurological, or sensory deficits objectively upon physical exam. The provider documented he did not feel that the patient presented with clinical signs or symptoms of carpal tunnel syndrome. The patient had negative Phalen's and Tinels. Given the lack of documentation of exhaustion of conservative treatment as well as significant objective findings in symptomatology request for NCV of the right upper extremity is not medically necessary or appropriate.