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| Case Number: | CM13-0034023 | | |
| Date Assigned: | 01/15/2014 | Date of Injury: | 02/01/2013 |
| Decision Date: | 04/22/2014 | UR Denial Date: | 09/23/2013 |
| Priority: | Standard | Application Received: | 10/11/2013 |

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 CM13-0034039 and is licensed to practice in New York. 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 55 year old man with a date of injury of 5/25/13. He was seen by his physician on 11/1/13 for a sprain of his wrist. He had completed 17 physical therapy sessions and was taking ibuprofen, hydrocodone/APAP and muscle rub. He continued to complain of weakness, numbness, cramping and tingling of bilateral hands and pin in his wrists. On physical exam, he had pain with neck range of motion and pain with minimal spasm to palpation of the neck and upper thoracic area. His strength and reflexes were normal with the exception of decreased grip bilaterally. His wrists showed minimal tenderness to palpation over the epicondyles and he had a positive cubital tunnel (Tinel) sign on the right > left. He had wrist pain with range of motion and tenderness to palpation. Phalen's and Finkelstein's tests were positive on the right and negative on the left. Tinel sign was positive bilaterally. Cervical spine x-ray showed degenerative findings. His diagnoses were wrist sprain, rule out CTS and rule out cervical radiculopathy. He had prior nerve conduction studies on 5/11/12 showing "minimal prolongation of right median mot dl. Otherwise normal study bilateral median and ulnar nerve. Findings not suggestive of CTS as cause of symptoms". At issue is the request for EMG and nerve conduction studies of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS, FOR THE LEFT AND RIGHT UPPER EXTREMITIES AND CERVICAL SPINE: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: According to the ACOEM Guidelines Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). In this case, the injured worker has already had nerve conduction studies in the past which showed minimal findings only. The records do not support the medical necessity for an EMG/NCV of the right and left upper extremities and cervical spine are not medically necessary and appropriate.