

Case Number:	CM13-0048185		
Date Assigned:	12/27/2013	Date of Injury:	10/07/2010
Decision Date:	04/22/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/04/2013

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, 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 treating physician is recommending updated diagnostic studies including electrodiagnostic studies of the bilateral upper and lower extremities. Request was also for physical therapy 2 times a week for 4 weeks for neck and upper extremities. There is also a report by AME 04/08/2013 but this is for audio evaluation. Cervical spine MRI is from 06/23/2011 that showed bulging disk at C6-C7 with moderate foraminal stenosis. AME report from 11/15/2012 by [REDACTED] is reviewed. His diagnostic impressions are history of head contusion with posttraumatic headaches, history of musculoligamentous strains, right cervical, trapezial, and shoulder girdle regions, clinical evidence of carpal tunnel syndrome and De Quervain's. This report also mentions that the patient finished her second session of physical therapy in 2010. The AME also notes that the patient had electrical studies to her upper extremities and was diagnosed as having right carpal tunnel syndrome but commented that the patient's carpal tunnel syndrome is not related to the subject's incident from 10/07/2010 where a blow to the head resulted in some neck and trapezius symptomatology, which would not explain the findings about the wrist. He states that the patient is working and has improved.

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: Overturned

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): 261.

Decision rationale: MTUS/ACOEM Guidelines page 262 do recommend EMG/NCV studies for hand/wrist symptoms to differentiate between CTS and other conditions such as cervical radiculopathy. In this case, the patient is anticipating surgery to the right wrist/hand. Updated electrodiagnostic studies are reasonable. The request for EMG/NCV of the bilateral upper extremities is medically necessary and appropriate.

NERVE CONDUCTION STUDIES OF THE BILATERAL UPPER EXTREMITIES:
Overturned

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): 261.

Decision rationale: MTUS/ACOEM Guidelines page 262 do recommend EMG/NCV studies for hand/wrist symptoms to differentiate between CTS and other conditions such as cervical radiculopathy. In this case, the patient is anticipating surgery to the right wrist/hand. Updated electrodiagnostic studies are reasonable. The request for EMG/NCV of the bilateral upper extremities is medically necessary and appropriate.

ELECTROMYOGRAPHY OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: MTUS/ACOEM Guidelines support EMG and H-reflex test for low back pain but this patient does not present with any low back issues. The treating physician has asked for electrodiagnostic studies of the lower extremities but there is no documentation of any problems of the lumbar spine or lower extremities in any of the reports. It is not known why the treater is asking for electrodiagnostic studies of the lower extremities when the patient has symptoms that are limited to the neck and upper extremities and headaches. The request for an EMG/NCV of the bilateral lower and upper extremities is not medically necessary and appropriate.

NERVE CONDUCTION STUDIES OF THE BILATERAL LOWER EXTREMITIES:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: MTUS/ACOEM Guidelines support EMG and H-reflex test for low back pain but this patient does not present with any low back issues. The treating physician has asked for electrodiagnostic studies of the lower extremities but there is no documentation of any problems of the lumbar spine or lower extremities in any of the reports. It is not known why the treater is asking for electrodiagnostic studies of the lower extremities when the patient has symptoms that are limited to the neck and upper extremities and headaches. The request for an EMG/NCV of the bilateral lower and upper extremities is not medically necessary and appropriate.

PHYSICAL THERAPY; EIGHT SESSIONS TWO TIMES FOUR FOR THE CERVICAL SPINE AND BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines allow up to 9 to 10 sessions for myalgia/myositis type of condition. . Review of the reports show that there is reference to physical therapy authorized for 6 sessions back in January through March of 2013. Prior to that, the patient was noted to have physical therapy second session in 2010 per AME report from 11/15/2012. Review of provided reports do not show any additional physical therapy. Given patient's increased pain, a short course of physical therapy is reasonable as the patient has not had any therapy for more than 6 months. The request for physical therapy twice a week for four weeks for the cervical spine and bilateral upper extremities is medically necessary and appropriate.