

Case Number:	CM13-0049234		
Date Assigned:	12/27/2013	Date of Injury:	01/30/2013
Decision Date:	10/09/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/07/2013

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 Illinois. 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 62-year-old female who reported injury on 01/30/2013. The mechanism of injury was not provided. The prior surgical history included a right carpal tunnel release on 08/15/2013. The injured worker underwent 8 sessions of postoperative physical therapy. Medications were not provided. The documentation of 10/07/2013 revealed the injured worker had numbness in her bilateral hands. The injured worker had objective findings of tenderness in the cervical, lumbar, and right shoulder regions. The injured worker had tenderness in the left wrist at the surgical scar. The diagnoses included bilateral carpal tunnel, tendonitis right shoulder, and lumbar strain. The treatment plan included an MRI and x-ray of the cervical spine, lumbar spine, and right shoulder, ultrasound, and an Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the bilateral upper extremities. Additional treatments included therapy and a muscle stimulator. There was a Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 265. Decision based on Non-MTUS Citation ACOEM Guidelines 2004 Updates, ACOEM OMPG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Neck & Upper Back ACOEM states that 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 clinical documentation submitted for review indicated the injured worker had undergone surgical intervention less than 2 months prior to the requested diagnostic testing. There was a lack of documented rationale for the requested testing so soon after surgical intervention. Additionally, there was a lack of documentation objective findings bilaterally to support a necessity for testing. Given the above, the request for EMG of Bilateral Upper Extremities is not medically necessary.

NCS OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 265. Decision based on Non-MTUS Citation ACOEM Guidelines 2004 Updates, ACOEM OMPG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Neck & Upper Back ACOEM states that 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 clinical documentation submitted for review indicated the injured worker had undergone surgical intervention less than 2 months prior to the requested diagnostic testing. There was a lack of documented rationale for the requested testing so soon after surgical intervention. Additionally, there was a lack of documentation objective findings bilaterally to support a necessity for testing. There was a lack of documentation indicating a peripheral neuropathy condition existing in the bilateral upper extremities. There was a lack of documented rationale for both an EMG and nerve conduction studies of the bilateral upper extremities. Given the above, the request for NCS of Bilateral Upper Extremities is not medically necessary.