MAXIMUS Federal Services

| Case Number: | CM13-0057478 | | |
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| Date Assigned: | 12/30/2013 | Date of Injury: | 10/14/2011 |
| Decision Date: | 05/15/2014 | UR Denial Date: | 11/13/2013 |
| Priority: | Standard | Application Received: | 11/25/2013 |

## 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 58-year-old male who reported an injury on 10/14/2011. The mechanism of injury was not provided. The current diagnoses include cervical discopathy with radiculitis, carpal tunnel/double crush syndrome and status post right shoulder arthroscopy. The injured worker was evaluated on 08/28/2013. The injured worker reported persistent pain in the right shoulder with paresthesia in the left hand as well as pain in the cervical spine. Physical examination revealed tenderness to palpation, a positive Spurling's maneuver, a positive axial loading compression test, dysesthesia at the C6 and C7 dermatomes, positive palmar compression testing on the left, and reproducible symptomatology in the median nerve distribution, consistent with carpal tunnel syndrome on the left. The treatment recommendations included a left carpal tunnel release and EMG/NCV studies of the bilateral upper extremities.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 RETROSPECTIVE NEEDLE ELECTROMYOGRAPHY 2 EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

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

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state that electromyography and nerve conduction velocities may help to identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the injured worker does demonstrate reproducible symptomatology in the median nerve distribution on the left. However, there is no documentation of a significant musculoskeletal or neurological deficit with regard to the right upper extremity. The medical necessity for the requested procedure has not been established. As such, the request is non-certified.

**1 RETROSPECTIVE NEEDLE ELECTROMYOGRAPHY 2 EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

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**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state that electromyography and nerve conduction velocities may help to identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the injured worker does demonstrate reproducible symptomatology in the median nerve distribution on the left. However, there is no documentation of a significant musculoskeletal or neurological deficit with regard to the right upper extremity. The medical necessity for the requested procedure has not been established. As such, the request is non-certified.

**RETROSPECTIVE 4 NERVE CONDUCTION MOTOR WITH F-WAVE STUDY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

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

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state that electromyography and nerve conduction velocities may help to identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. There is no documentation of a significant musculoskeletal or neurological deficit with regard to the right upper extremity. The current request does not include a specific body part. Therefore, the request is not medically necessary. As such, the request is non-certified.

**RETROSPECTIVE REQUEST FOR 10 NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY EACH NERVE, SENSORY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

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

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state that electromyography and nerve conduction velocities may help to identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. There is no documentation of a significant musculoskeletal or neurological deficit with regard to the right upper extremity. The current request does not include a specific body part. Therefore, the request is not medically necessary. As such, the request is non-certified.

**RETROSPECTIVE 2 H-REFLEX, AMPLITUDE AND LATENCY STUDY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

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

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state that electromyography and nerve conduction velocities may help to identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. There is no documentation of a significant musculoskeletal or neurological deficit with regard to the right upper extremity. The current request does not include a specific body part. Therefore, the request is not medically necessary. As such, the request is non-certified.

**RETROSPECTIVE REQUEST FOR 6 UNITS OF SPECIAL REPORT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA Official Medical Fee Schedule, General Instructions: Reports (1999), pages 5-6.

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

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state that electromyography and nerve conduction velocities may help to identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. There is no documentation of a significant musculoskeletal or neurological deficit with regard to the right upper extremity. The current request does not include a specific body part. Therefore, the request is not medically necessary. As such, the request is non-certified.

**RETROSPECTIVE REQUEST FOR ONE OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, CPT Procedure Code Index.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery or has difficulty obtaining information or an agreement to a treatment plan. The current request does not specify the type of consultation required. The medical necessity has not been established. As such, the request is non-certified.

**RETROSPECTIVE REQUEST FOR 2 PROLONGED EVALUATION AND MANAGEMENT SERVICES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, CPT Procedure Code Index.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery or has difficulty obtaining information or an agreement to a treatment plan. The current request does not specify the type of consultation required. The medical necessity has not been established. As such, the request is non-certified.