

Case Number:	CM13-0063473		
Date Assigned:	06/09/2014	Date of Injury:	02/01/2013
Decision Date:	07/14/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/09/2013

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 63 year old male who was injured on 2/1/13. He was later diagnosed with tenosynovitis of both wrists, overuse syndrome both upper extremities, chronic sprain/strain of both upper extremities, neck, and upper and lower back, and an old median nerve injury right arm. He was treated conservatively with oral analgesic medications, physical therapy and chiropractic treatments. He was seen by his primary treating physician on 5/15/13 complaining of pain in multiple areas (not specified) as well as weakness. The physician wished to have the worker get an EMG and NCV upper extremities to help rule out carpal tunnel syndrome and radiculopathy of the cervical spine. Minimal notes were found to show evidence of further examination findings from this visit. On 6/24/13 after not having the EMG or NCV tests, he again reported to his physician his pain and swelling in his forearm and was again recommended to continue current treatments of NSAIDs and opioids and get the EMG and NCV tests. Again, on 8/14/13 without the tests completed, the worker was seen by his physician with a complaint of pain radiating up both arms to shoulder and worse with any use of his arms. Physical examination was brief and only reported median nerve deficit and reflexes symmetric. EMG and NCV testing was again requested. He completed EMG and ECV tests on 8/15/13 for his upper extremities, which showed evidence of bilateral median nerve entrapment. He was seen by his neurologist on 11/19/13 complaining of neck, upper and lower back pain, as well as pain and numbness in the hands and wrists. He also reported having frequent numbness in his left leg. Physical examination revealed tenderness throughout entire back (upper, mid, and lower) as well as neck. The neck compression test was positive. Tenderness was noted on the bilateral wrist areas with slightly decreased range of motion of the wrists. Sensation to fine touch and pinprick were decreased in all digits of the right hand with decreased grip strength in the right and left hands. The left ankle jerk was absent. He was diagnosed with chronic myofascial pain syndrome

of the cervical and thoracolumbar spine, as well as pain and numbness of the left leg with abnormal neurological examination, most likely due to lumbosacral radiculopathy. He was given trigger point injections and an EMG and NCV study was recommended for lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV OF THE BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178 and 268-269.

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that for most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, documented physical examination findings were lacking and more physical findings would have been helpful for the reviewer to understand the nature of the worker's complaints. However, it is documented that the worker was experiencing worsening symptoms regardless of conservative therapy, which would warrant further evaluation with nerve testing if requested. Therefore, the bilateral upper extremity EMG and NCV tests are appropriate in this situation, and are medically necessary.

EMG/NCV OF THE BILATERAL LOWER EXTREMITIES: Overturned

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): 303-305.

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, the neurologist identified an absent left ankle reflex and subjective reports possibly suggestive of radiculopathy even after conservative therapy for many weeks. Therefore, it is reasonable to consider nerve testing to help clarify the exact cause of his leg pain and numbness, therefore the EMG and NCV testing for both left and right lower extremities are appropriate and medically necessary in this situation.

