

Case Number:	CM13-0064118		
Date Assigned:	01/03/2014	Date of Injury:	06/05/2008
Decision Date:	03/31/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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:

This 54 year-old female Project Manager sustained a cumulative trauma injury from repetitive typing on 6/5/08 while employed by [REDACTED]. Requests under consideration include EMG bilateral upper extremities QTY: 1.00 and NCV bilateral upper extremities QTY: 1.00. The patient is s/p right open carpal tunnel release on 1/18/10. Post-operative electrodiagnostic studies of 1/10/11 revealed evidence of bilateral median neuropathy of both wrists and no evidence of other entrapment, neuropathy or cervical radiculopathy. Report of 11/11/13 from PA-c for provider noted cervical symptoms improved with chiropractic treatment having received 4 of 6 sessions with plan for an additional 6 visits. The patient reported painful hands with numbness and tingling. Exam noted tender sub-occipital, cervical, and thoracic areas; spasms diffuse motor weakness at wrists and fingers of 4+/5; diffuse decreased sensory of hands/fingers. Treatment included chiropractic care for 6 sessions, EMG/NCV bilateral upper extremities to rule out CTS, Tramadol and work restrictions with breaks every 60 minutes. Requests above for EMG and NCV of bilateral upper extremities were non-certified on 11/27/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral upper extremities QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The patient is s/p right open carpal tunnel release on 1/18/10. Post-operative electrodiagnostic studies of 1/10/11 revealed evidence of bilateral median neuropathy of both wrists and no evidence of other entrapment, neuropathy or cervical radiculopathy. Report of 11/11/13 from PA-c for provider noted cervical symptoms improved with chiropractic treatment reported painful hands with numbness and tingling. Exam noted diffuse non-specific decreased in sensation and motor weakness throughout hands and wrists. Repeat study was to rule out for carpal tunnel syndrome. The patient has already had confirmed evidence for bilateral carpal tunnel syndromes post-open release surgery on January 2010. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, or entrapment syndrome, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy or entrapment syndrome, only with continued diffuse pain, muscle weakness, and decreased sensation without specific consistent myotomal or dermatomal correlation to support for repeating the electrodiagnostics when previously already confirmed. The EMG bilateral upper extremities QTY: 1.00 and NCV bilateral upper extremities QTY: 1.00 are not medically necessary and appropriate.

NCV bilateral upper extremities QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The patient is s/p right open carpal tunnel release on 1/18/10. Post-operative electrodiagnostic studies of 1/10/11 revealed evidence of bilateral median neuropathy of both wrists and no evidence of other entrapment, neuropathy or cervical radiculopathy. Report of 11/11/13 from PA-c for provider noted cervical symptoms improved with chiropractic treatment reported painful hands with numbness and tingling. Exam noted diffuse non-specific decreased in sensation and motor weakness throughout hands and wrists. Repeat study was to rule out for carpal tunnel syndrome. The patient has already had confirmed evidence for bilateral carpal tunnel syndromes post-open release surgery on January 2010. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, or entrapment syndrome, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy or entrapment syndrome, only with continued diffuse pain, muscle weakness, and decreased sensation without specific consistent myotomal or dermatomal correlation to support for repeating the electrodiagnostics when previously already confirmed. The EMG bilateral upper extremities QTY: 1.00 and NCV bilateral upper extremities QTY: 1.00 are not medically necessary and appropriate.

