

Case Number:	CM13-0070671		
Date Assigned:	02/11/2014	Date of Injury:	11/08/2002
Decision Date:	06/09/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	12/26/2013

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 Orthopedic Surgery 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 injured worker is a 59-year-old female with a date of injury of November 8, 2002. The mechanism of injury is reported to be a single event of manipulating staples from files with resultant upper extremity aches and pains. Documentation in the medical record indicates that the injured has been provided treatment including a distal right carpal tunnel release, a right shoulder arthroscopy, acupuncture, and massage therapy (self procured). Past medical history is significant for cervical fusion in 2001 at the C4-5 level. The most recent progress note available to support this request is dated November 18, 2013 indicating a self referral for electrodiagnostic studies (EMG/NCV) noting that the injured continues to have burning and aching pain in the wrists with paresthesias (numbness and tingling) in the fingers and difficulty with activities of daily living (ADLs). The pain was unchanged from the prior appointment. Objective examination notes pain to palpation over both medial and lateral epicondyles and pain over the median nerve at the wrist. The clinical diagnosis is reported to be multiple areas of tendinitis, epicondylitis, and median nerve dysfunction at the level of the wrist. EMG/NCV studies are requested to be performed by the requesting provider. A prescription for Norco 10/325 is provided for pain relief and follow-up is recommended in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF BILATERAL UPPER EXTREMITY: Upheld

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 Page(s): 178. Decision based on Non-MTUS Citation Occupational Medical Practice Guidelines (OMPG), Neck/Upper Back , page 178.

Decision rationale: A self referral is submitted for Electrodiagnostic (Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies of the bilateral upper extremities. The medical record that has been provided to support the request provides insufficient documentation to support the medical necessity of the requested study as there is no documentation of the location of the symptoms and/or night symptoms and on physical examination there are no neurologic and orthopedic tests to support or exclude any possibilities in the differential diagnosis. There are no carpal tunnel tests, ulnar or radial nerve tests, neurological examinations including reflexes, motor, and sensory examination, or confirming radiculopathy tests such as a Spurling's. Additionally, there is no documentation of the recent conservative treatment provided for the current symptoms. While based on the clinical data available and the very vague diagnosis and very limited history and physical examination findings, there is a possibility that a clinical indication exists for the requested study in the absence of routine and necessary clinical documentation to support the diagnosis for which the proposed electrodiagnostic (EMG/NCV) study is being requested, there is insufficient clinical data available to substantiate the medical necessity of this request. The request is not medically necessary and appropriate.

NERVE CONDUCTION STUDY (NCS) OF BILATERAL UPPER EXTREMITY: Upheld

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 Page(s): 178. Decision based on Non-MTUS Citation Occupational Medical Practice Guidelines (OMPG), Neck/Upper Back , page 178.

Decision rationale: A self referral is submitted for Electrodiagnostic (Electromyography (EMG) Nerve Conduction Velocity (NCV) studies of the bilateral upper extremities. The medical record that has been provided to support the request provides insufficient documentation to support the medical necessity of the requested study as there is no documentation of the location of the symptoms and/or night symptoms and on physical examination there are no neurologic and orthopedic tests to support or exclude any possibilities in the differential diagnosis. There are no carpal tunnel tests, ulnar or radial nerve tests, neurological examinations including reflexes, motor, and sensory examination, or confirming radiculopathy tests such as a Spurling's. Additionally, there is no documentation of the recent conservative treatment provided for the current symptoms. While based on the clinical data available and the very vague diagnosis and very limited history and physical examination findings, there is a possibility that a clinical indication exists for the requested study in the absence of routine and necessary clinical documentation to support the diagnosis for which the proposed electrodiagnostic (EMG/NCV)

study is being requested, there is insufficient clinical data available to substantiate the medical necessity of this request. The request is not medically necessary and appropriate.