

Case Number:	CM14-0004929		
Date Assigned:	01/24/2014	Date of Injury:	12/12/2011
Decision Date:	06/25/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/14/2014

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 Occupational Medicine 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:

This is a 63-year-old female with a 12/12/11 date of injury with multiple complaints after a slip and fall at work. She was seen on 11/5/13, with complaints of bilateral upper extremity, neck, left shoulder and low back pain. Physical therapy, cortisone injections, epidural injections, and use of a TENS unit have not provided much relief. Exam findings reveal mild spine tenderness and decrease in range of motion, trigger points noted in the neck and trapezius, and motor strength decreased throughout the upper extremities due to pain and decreased effort mainly in the left shoulder and left grip, 3/5. The left shoulder impingement signs were positive. An electromyography/nerve conduction study (EMG/NCS) showed evidence of mild right S1 radiculopathy, left ulnar neuropathy and mild left carpal tunnel syndrome. The plan was to repeat these studies to assess progression of carpal tunnel syndrome. The patient was also seen on 12/16/13 where exam findings were similar. The utilization review (UR) decision dated 12/24/13, denied these requests given the patient had already had electrodiagnostic studies done of the upper extremities, but there was no report or date of study provided. In addition, the patient had no documented radicular pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF THE BILATERAL UPPER EXTREMITIES QTY:
2.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG-TWC

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: The MTUS/ACOEM Guidelines indicate that the criteria for electromyography/nerve conduction velocity (EMG/NCV) of the upper extremity include the documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. The patient apparently has a diagnosis of mild carpal tunnel syndrome on the left from a prior electrodiagnostic study. The rationale used to repeat these tests were to assess her for the progression of carpal tunnel syndrome for possible surgery. However, this is a clinical diagnosis and requires failure of conservative management such as night splints, non-steroidal anti-inflammatory drugs (NSAIDs), and physical therapy; as well as clinical findings such as median neuropathy, thenar atrophy, and positive Tinel's and Phalen's tests. The patient has complaints of bilateral upper extremity pain and weakness, but no radicular complaints. In addition, the patient has had electrodiagnostic studies, but no date or official report was provided. Therefore, the request was not medically necessary.

MOTOR NERVE CONDUCTION STUDY (NCS) OF THE BILATERAL UPPER EXTREMITIES (ELECTRODES) QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG-TWC

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: The MTUS/ACOEM Guidelines indicate that the criteria for electromyography/nerve conduction velocity (EMG/NCV) of the upper extremity include the documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. The patient apparently has a diagnosis of mild carpal tunnel syndrome on the left from a prior electrodiagnostic study. The rationale used to repeat these tests were to assess her for the progression of carpal tunnel syndrome for possible surgery. However, this is a clinical diagnosis and requires failure of conservative management such as night splints, non-steroidal anti-inflammatory drugs (NSAIDs), and physical therapy; as well as clinical findings such as median neuropathy, thenar atrophy, and positive Tinel's and Phalen's tests. The patient has complaints of bilateral upper extremity pain and weakness, but no radicular complaints. In addition, the patient has had electrodiagnostic studies, but no date or official report was provided. Therefore, the request was not medically necessary.

SENSORY NERVE CONDUCTION STUDY (NCS) OF THE BILATERAL UPPER EXTREMITIES (ELECTRODES) QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG-TWC

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: The MTUS/ACOEM Guidelines indicate that the criteria for electromyography/nerve conduction velocity (EMG/NCV) of the upper extremity include the documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. The patient apparently has a diagnosis of mild carpal tunnel syndrome on the left from a prior electrodiagnostic study. The rationale used to repeat these tests were to assess her for the progression of carpal tunnel syndrome for possible surgery. However, this is a clinical diagnosis and requires failure of conservative management such as night splints, non-steroidal anti-inflammatory drugs (NSAIDs), and physical therapy; as well as clinical findings such as median neuropathy, thenar atrophy, and positive Tinel's and Phalen's tests. The patient has complaints of bilateral upper extremity pain and weakness, but no radicular complaints. In addition, the patient has had electrodiagnostic studies, but no date or official report was provided. Therefore, the request was not medically necessary.