

Case Number:	CM14-0006132		
Date Assigned:	02/07/2014	Date of Injury:	10/18/2008
Decision Date:	06/20/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/15/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 61 year old male who has a work injury dated 10/18/06. The diagnoses include right shoulder derangement, right cubital tunnel, right carpal tunnel syndrome, cervical radiculopathy. There is a request for a nerve conduction study (NCS) right upper extremity and an electromyogram (EMG) right upper extremity. There is an office visit dated 11/18/13 where the patient states he is unchanged from prior visit. On physical examination, the patient has a positive Tinel, positive Phalen. There is decreased sensation in the right third, fourth, and fifth digit. There is a positive Neer sign at the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTION STUDY (NCS) AND ELECTROMYOGRAPHY (EMG) OF THE RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 561-563, 589, 271-273, 181-183..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 178.

Decision rationale: The guidelines states that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS persist. The ACOEM guidelines state that in regards to ulnar neuropathy, proper testing to localize the abnormality involves a nerve conduction study that includes at least stimulation above and below the elbow. Aside from surgical studies, there are no quality studies on which to rely for treatment of ulnar neuropathies, and there is no evidence of benefits of the following treatment options NCS to confirm ulnar neurological nerve entrapment if abnormalities conservative treatment fails. In regards to cervical radiculopathy, the guidelines state that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The documentation submitted indicates that the patient has had chronic neck pain and shoulder pain. The patient's physical findings of decreased sensation in digits 3, 4, 5 could be radicular with a superimposed ulnar neuropathy. There is a physical exam finding of a Phalen sign. An electrodiagnostic study including both nerve conduction study and electromyography could help differentiate between the possible etiologies of his condition. The request is medically necessary.