

Case Number:	CM14-0102693		
Date Assigned:	09/24/2014	Date of Injury:	06/28/2013
Decision Date:	10/24/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/02/2014

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 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 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 47 year-old patient sustained an injury on 6/28/13 from pushing the beading into the window frame while employed by [REDACTED]. Request(s) under consideration include electromyography (EMG) Bilateral Upper Extremities and nerve conduction velocity (NCV) Bilateral Upper Extremities. Diagnoses include bilateral hand metacarpophalangeal (MCP) joint osteoarthritis; bilateral hand synovial cyst. Conservative care has included medications, therapy, acupuncture, transcutaneous electrical nerve stimulator (TENS) unit, and modified activities/rest. There was an EMG/NCV of bilateral upper extremities certified on 8/2/13; however, there is no discussion of any results. Report of September 2013 from the provider noted the patient with ongoing wrist and hand pain. Exam showed swelling of both thumbs, positive nodes to IP joints; some limitation in active range of motion (AROM) of wrist and MCP/IP with diffuse gross 3+/5 strength; positive Finkelstein and Phalen's testing along with diffuse tenderness of the thumbs, index finger, wrists, and forearm. Diagnoses of right wrist/ hand strain had continued plans for additional physical therapy (PT). Report of 11/5/13 from the provider noted continued complaints of bilateral hand pain radiating to neck and shoulders rated at 6-8/10. Exam showed locking of index fingers; slight edema of both hands; non-specific tenderness over both wrists and thumbs; sensation intact over C5-T1 dermatomes in bilateral upper extremities. Diagnoses included right OA of MCP joint; bilateral subchondral cyst. Treatment included EMG/NCV of bilateral upper extremities; medications, durable medical equipment (DME), and the patient remained total temporary disability (TTD). Report of 5/13/14 from the provider noted patient with unchanged symptom complaints of wrist/hand pain radiating to neck and shoulders rated at 5-6/10 with unchanged clinical findings of non-specific tenderness, intact sensation with decreased range and motor strength (no grading or muscle or location identified). Diagnoses were unchanged with unchanged treatment plan as

report of 11/5/13. The patient remained off work and TTD. The request(s) for EMG Bilateral Upper Extremities and NCV Bilateral Upper Extremities were non-certified on 6/13/14 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: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This 47 year-old patient sustained an injury on 6/28/13 from pushing the beading into the window frame while employed by Superior Engineered, International Alumni. Request(s) under consideration include EMG Bilateral Upper Extremities and NCV Bilateral Upper Extremities. Diagnoses include bilateral hand MCP joint osteoarthritis; bilateral hand synovial cyst. Conservative care has included medications, therapy, acupuncture, TENS unit, and modified activities/rest. There was an EMG/NCV of bilateral upper extremities certified on 8/2/13; however, there is no discussion of any results. Report of 11/5/13 from the provider noted continued complaints of bilateral hand pain radiating to neck and shoulders rated at 6-8/10. Exam showed locking of index fingers; slight edema of both hands; non-specific tenderness over both wrists and thumbs; sensation intact over C5-T1 dermatomes in bilateral upper extremities. Diagnoses included right OA of MCP joint; bilateral subchondral cyst. Treatment included EMG/NCV of bilateral upper extremities; medications, DME, and the patient remained TTD. Report of 5/13/14 from the provider noted patient with unchanged symptom complaints of wrist/hand pain radiating to neck and shoulders rated at 5-6/10 with unchanged clinical findings of non-specific tenderness, intact sensation with decreased range and motor strength (no grading or muscle or location identified). Diagnoses were unchanged with unchanged treatment plan as report of 11/5/13. The patient remained off work and TTD. The request(s) for EMG Bilateral Upper Extremities and NCV Bilateral Upper Extremities were non-certified on 6/13/14. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for EMG has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy, only with continued diffuse pain, intact sensation, and diffuse decreased motor strength without specific consistent myotomal or dermatomal correlation to support for the electrodiagnostic. There was no documented failed conservative trial for this chronic injury without new injury or acute changed findings. The EMG Bilateral Upper Extremities is not medically necessary and appropriate.

NCV Bilateral Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This 47 year-old patient sustained an injury on 6/28/13 from pushing the beading into the window frame while employed by Superior Engineered, International Alumni. Request(s) under consideration include EMG Bilateral Upper Extremities and NCV Bilateral Upper Extremities. Diagnoses include bilateral hand MCP joint osteoarthritis; bilateral hand synovial cyst. Conservative care has included medications, therapy, acupuncture, TENS unit, and modified activities/rest. There was an EMG/NCV of bilateral upper extremities certified on 8/2/13; however, there is no discussion of any results. Report of 11/5/13 from the provider noted continued complaints of bilateral hand pain radiating to neck and shoulders rated at 6-8/10. Exam showed locking of index fingers; slight edema of both hands; non-specific tenderness over both wrists and thumbs; sensation intact over C5-T1 dermatomes in bilateral upper extremities. Diagnoses included right OA of MCP joint; bilateral subchondral cyst. Treatment included EMG/NCV of bilateral upper extremities; medications, DME, and the patient remained TTD. Report of 5/13/14 from the provider noted patient with unchanged symptom complaints of wrist/hand pain radiating to neck and shoulders rated at 5-6/10 with unchanged clinical findings of non-specific tenderness, intact sensation with decreased range and motor strength (no grading or muscle or location identified). Diagnoses were unchanged with unchanged treatment plan as report of 11/5/13. The patient remained off work and TTD. The request(s) for EMG Bilateral Upper Extremities and NCV Bilateral Upper Extremities were non-certified on 6/13/14. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with peripheral neuropathy or entrapment syndrome, medical necessity for NCV has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any entrapment syndrome, only with continued diffuse tenderness, intact sensation, and diffuse decreased motor strength without specific consistent myotomal or dermatomal correlation to support for the electrodiagnostic. There was no documented failed conservative trial for this chronic injury without new injury or acute changed findings. The NCV bilateral upper extremities are not medically necessary and appropriate.