

Case Number:	CM14-0104190		
Date Assigned:	07/30/2014	Date of Injury:	10/31/2012
Decision Date:	10/01/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/07/2014

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 Family 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 injured worker's date of injury is 10/31/2012. The patient's original injury arose following lifting loads above her head. This patient receives treatment for chronic neck and upper extremity symptoms, despite surgery of the cervical spine on 02/25/2014, which consisted of a C5 corpectomy and C4-C6 anterior fusion. A preoperative MRI showed bilateral foraminal stenoses at C5-C6. Persisting symptoms include tightness in the neck and numbness and tingling of her right upper extremity. On exam there is tenderness and muscular tightness of the paracervical muscles. Phalen's and Tinnel's signs are positive. Current diagnoses include C6 radiculopathy and carpal tunnel syndrome. Medications tried include Norco 5/325 mg, gabapentin, cyclobenzaprine, tramadol, and diclofenac.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the 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 11 Forearm, Wrist, and Hand Complaints Page(s): 253-262.

Decision rationale: Electrodiagnostic studies may be medically indicated before CTS surgery is performed. The patient's history and physical exam tests have good predictive value in diagnosing carpal tunnel syndrome: for example, numbness with tingling in the thumb, index, and middle fingers, especially if these occur at night have high diagnostic value in the presence of positive Tinnel's and Phalen's signs on physical exam. A course of conservative therapy with a nocturnal wrist splint for 4 weeks is recommended before a work up with electrodiagnostic studies is indicated. An NCS is typically the more useful of the two tests, NCS and EMG. An EMG is not medically indicated.

NCV of the 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 11 Forearm, Wrist, and Hand Complaints Page(s): 253-262.

Decision rationale: Electrodiagnostic studies may be medically indicated before CTS surgery is performed. The patient's history and physical exam tests have good predictive value in diagnosing carpal tunnel syndrome: for example, numbness with tingling in the thumb, index, and middle fingers, especially if these occur at night have high diagnostic value in the presence of positive Tinnel's and Phalen's signs on physical exam. A course of conservative therapy with a nocturnal wrist splint for 4 weeks is recommended before a work up with electrodiagnostic studies is indicated. Based on the documentation a NCS is not medically indicated.