

Case Number:	CM14-0105548		
Date Assigned:	09/16/2014	Date of Injury:	06/21/2008
Decision Date:	11/12/2014	UR Denial Date:	06/17/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 52 year old with an injury date on 6/21/08. Patient complains of aching/burning pain in the head, neck, bilateral upper extremities, and left mid back and lower back, with pain rated 7-8/10 without pain medications and 5-6/10 in intensity with pain medications. Patient also has right-sided facial numbness and is noticing wasting away of muscles in his hands per 6/5/14 report. Based on the 6/5/14 progress report provided by [REDACTED] the diagnoses are: 1. depression NOS; 2. anxiety state NOS; 3. neck pain; 4. chronic pain; 5. myofascial pain; 6. shoulder pain; 7. rotator cuff disorder; 8. chronic pain syndrome; 9. dysthymic disorder; 10. numbness; 11. carpal tunnel syndrome; 12. facet joint disease of cervical region; 13. degeneration of cervical intervertebral. Exam on 6/5/14 showed "T-spine has no tenderness to palpation, increased pain with flexion/extension. Positive Tinel's at left wrist, negative Tinel's at right wrist. Positive Tinel's at the right elbow." Prior treatment includes physical therapy, injections (unspecified), heat, ice and medications. [REDACTED] is requesting electromyography of the left upper extremity, and electromyography of the right upper extremity. The utilization review determination being challenged is dated 6/17/14 and modifies request to approve NCV only for bilateral upper extremities. [REDACTED] is the requesting provider, and he provided treatment reports from 1/31/14 to 7/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of the left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262..

Decision rationale: This patient presents with neck pain, back pain, and wrist/elbow pain and is s/p (status post) left endoscopic carpal tunnel release, left anterior transposition of ulnar nerve/elbow on 4/17/14. The treating physician has asked for electromyography of the left upper extremity "to assess for nerve root dysfunction versus an upper extremity entrapment neuropathy." In reference to specialized studies of the neck, MTUS states that "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy." Patient presents with possible CTS, radiculopathy, peripheral neuropathy which require electrodiagnostic studies to differentiate. Recommendation is that the request is medically necessary.

Electromyography of the right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Neck and Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262..

Decision rationale: This patient presents with neck pain, back pain, and wrist/elbow pain and is s/p (status post) left endoscopic carpal tunnel release, left anterior transposition of ulnar nerve/elbow on 4/17/14. The treating physician has asked for electromyography of the right upper extremity. In reference to specialized studies of the neck, MTUS states that "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy." Patient presents with possible CTS, radiculopathy, peripheral neuropathy which require electrodiagnostic studies to differentiate. Recommendation is that the request is medically necessary.