

Case Number:	CM14-0109705		
Date Assigned:	09/05/2014	Date of Injury:	01/23/2014
Decision Date:	10/24/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/15/2014

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 Internal 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:

The injured worker is a 45 year old male who sustained injuries to his neck and upper extremities on 01/23/14 while performing his usual and customary duties as a deputy probation officer; he was restraining a handcuffed suspect. The injured worker subsequently injured his bilateral hands/wrists. The following morning, he noticed tenderness in his wrists, particularly on the left. The injured worker was referred to the clinic where plain radiographs were taken and medications were prescribed. The injured worker was placed on modified duties and underwent physical therapy beginning in February of 2014. The injured worker attended approximately 12 visits, which he feels relieved his pain only minimally. MRI of the left wrist was performed on 04/12/14 which revealed exaggeration of scapholunate angle without a clear tear of the scapholunate ligament; some widening of the palmar aspect of the scapholunate joint; possibility of scapholunate dislocation should be considered; probable mild degenerative changes in the dorsal aspect of the lunate. The clinical note dated 05/21/14 reported that the injured worker continued to complain of bilateral wrist/hand pain that is mostly localized. There is some pain in the tendon of the thumb described as sharp with pain being dominant in the left side at 3-8/10 VAS. There was also weakness/cramping noted in the bilateral hands, as the injured worker drops items on several occasions. Physical examination noted positive Tinel's and Phalen's signs left; diffused tenderness on the forearm; mild decrease in pinprick of the median distribution and wrist strength inhibited by forearm pain; resisted extension of the long digit is mildly positive for pain at the radial tunnel and resisted extension of the left wrist is mildly positive for pain at the lateral epicondyle. The injured worker was given steroid injections and recommended for EMG/NCV of the bilateral upper extremities. The injured worker was advised to follow up in 6 weeks after testing has been performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of upper left extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Neck & Upper Back Procedure Summary last updated 04/14/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Electromyography (EMG)

Decision rationale: The request for an EMG/NCV of the left upper extremity is not medically necessary. The previous request was denied on the basis that in this case, the injured worker presents with signs/symptoms of carpal tunnel syndrome. The provider recommended EMG/NCV to rule out this diagnosis. The injured worker has positive provocative tests in the hands/wrists indicative of carpal tunnel syndrome and has decreased sensation in the medial nerve distribution; however, there is no evidence of radiculopathy. Thus, the recommendation is for a partial certification of NCV study for the upper extremities to confirm the presence of carpal tunnel syndrome. The Official Disability Guidelines state that EMG findings may not be predictive of outcomes in cervical surgery and injured workers must still benefit from surgery even in the absence of EMG findings or nerve root impingement. This is in stark contrast to the lumbar spine where EMG findings have been shown to be highly correlative with symptoms. The Official Disability Guidelines state that nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they may have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy with caution that these studies can result in unnecessary over treatment. Given this, the request for an EMG of the left upper extremity is not indicated as medically necessary.

Nerve Conduction Velocity testing (NCV) of upper left extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Neck & Upper Back Procedure Summary last updated 04/14/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Nerve conduction studies (NCS)

Decision rationale: The request for an EMG/NCV of the left upper extremity is not medically necessary. The previous request was denied on the basis that in this case, the injured worker

presents with signs/symptoms of carpal tunnel syndrome. The provider recommended EMG/NCV to rule out this diagnosis. The injured worker has positive provocative tests in the hands/wrists indicative of carpal tunnel syndrome and has decreased sensation in the medial nerve distribution; however, there is no evidence of radiculopathy. Thus, the recommendation is for a partial certification of NCV study for the upper extremities to confirm the presence of carpal tunnel syndrome. The Official Disability Guidelines state that EMG findings may not be predictive of outcomes in cervical surgery and injured workers must still benefit from surgery even in the absence of EMG findings or nerve root impingement. This is in stark contrast to the lumbar spine where EMG findings have been shown to be highly correlative with symptoms. The Official Disability Guidelines state that nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they may have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy with caution that these studies can result in unnecessary over treatment. There was no information provided that would support a repeat study. Given this, the request for an NCV of the left upper extremity is not indicated as medically necessary.