

Case Number:	CM14-0011416		
Date Assigned:	02/21/2014	Date of Injury:	09/19/2013
Decision Date:	07/11/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/28/2014

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 Occupational 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 patient is a 42-year-old female who has submitted a claim for cervical sprain, bilateral wrist tendinitis, and bilateral carpal tunnel syndrome associated with an industrial injury date of September 19, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of bilateral neck, shoulder, wrist, and hand pain. Pain was noted to be going up the arm and associated with numbness of both hands. Physical examination showed guarding over the cervical and lumbar spine; grip strength of 4kg on the right and 10kg on the left; positive Tinel's, Durkan's, and Phalen's bilaterally; and bilateral thenar atrophy. Treatment to date has included activity modification, NSAIDs, TENS, occupational therapy, and physical therapy. Utilization review from December 27, 2013 denied the request for EMG/NCV of bilateral upper extremities because the medical records failed to show any attempts at conservative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF LEFT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: According to the MTUS/ACOEM Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient presented with symptoms of possible radiculopathy. Recent progress notes reported bilateral neck, shoulder, wrist, and hand pain. Pain was noted to be going up the arm and associated with numbness of both hands. Signs of nerve entrapment and bilateral thenar atrophy were noted. The patient has focal neurologic deficit. Therefore, the request for EMG of the right and left upper extremity is medically necessary and appropriate.

NCV OF LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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 MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. According to ODG, NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but it is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the patient presented with symptoms of possible radiculopathy, which persisted despite physical therapy. Recent progress notes reported bilateral neck, shoulder, wrist, and hand pain. Pain was noted to be going up the arm and associated with numbness of both hands. The patient's symptoms and physical examination findings strongly suggest the presence of radiculopathy. Therefore, the request for NCV of the right and left upper extremities is not medically necessary and appropriate.

NCV OF RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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 MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. According to ODG, NCS are not recommended to demonstrate radiculopathy if

radiculopathy has already been clearly identified by EMG and obvious clinical signs, but it is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the patient presented with symptoms of possible radiculopathy, which persisted despite physical therapy. Recent progress notes reported bilateral neck, shoulder, wrist, and hand pain. Pain was noted to be going up the arm and associated with numbness of both hands. The patient's symptoms and physical examination findings strongly suggest the presence of radiculopathy. Therefore, the request for NCV of the right and left upper extremities is not medically necessary and appropriate.

EMG OF RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: According to the MTUS/ACOEM Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient presented with symptoms of possible radiculopathy. Recent progress notes reported bilateral neck, shoulder, wrist, and hand pain. Pain was noted to be going up the arm and associated with numbness of both hands. Signs of nerve entrapment and bilateral thenar atrophy were noted. The patient has focal neurologic deficit. Therefore, the request for EMG of the right and left upper extremity is medically necessary and appropriate.