

Case Number:	CM14-0112811		
Date Assigned:	08/01/2014	Date of Injury:	02/05/2001
Decision Date:	10/01/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/18/2014

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 injured worker is a 65-year-old female with an injury date of 2/05/01. Based on a 6/25/14 progress report, she presents with bilateral cervical spine pain radiating to bilateral shoulders with occipital headache, as well as bilateral radial forearm numbness and paresthesia radiating to bilateral hands. The patient reports pain of 4-7/10. She is status post left carpal tunnel release in 2008 and right carpal tunnel release in 2007. The physical examination on 6/24/14 revealed tenderness to palpation of bilateral cervical paraspinal muscles; bilateral upper extremity ranges of motion were restricted by pain in all directions; cervical ranges of motion were restricted by pain in all directions, and extension was worse than flexion; Spurling's maneuver was negative bilaterally; nerve root tension signs were negative bilaterally; shoulder abduction test was negative bilaterally; Tinel's at the elbow was positive bilaterally; and the bilateral deltoid, bilateral wrist extensors, bilateral triceps, bilateral wrist flexors, bilateral grip and bilateral interossei showed generalized bilateral weakness. Diagnoses listed as of 6/25/14 were cervical sprain/strain; cervical facet joint arthropathy/facet joint pain; cervical degenerative disc disease; cervical disc protrusion; cervical stenosis; cervical radiculopathy; cervical generic headache; R/O bilateral cubital tunnel; status post bilateral carpal tunnel release surgery; myofascial pain; shoulder pain; shoulder sprain/strain; and bilateral upper extremity overuse. According to the progress report of the same date, the provider is requesting electromyography (EMG) with nerve conduction study (NCV or NCS) of the bilateral upper extremities to evaluate for radiculopathy, entrapment neuropathy, or peripheral neuropathy, given the patient's persistent bilateral upper extremity numbness and paresthesias. The utilization review determination being challenged is dated 7/15/14. The rationale was not given; however, it is mentioned that "the patient underwent an EMG/NCS of the upper extremities on 12/09/2013 that revealed moderate right and slight-to-

moderate left carpal tunnel syndrome without conduction block. The requesting provider has provided treatment reports from 1/30/14 - 4/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) Bilateral Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, pages 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." The patient presents with radiculopathy and possible peripheral neuropathy, which require electrodiagnostic studies to differentiate. However, the utilization review letter dated 07/15/14 shows that EMG/NCS of the upper extremities was already done on 12/09/2013, revealing moderate right and slight-to-moderate left carpal tunnel syndrome without conduction block. Therefore, the request for EMG of the bilateral upper extremities is not medically necessary.

Nerve Conductive Velocity (NCV) Bilateral Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." The patient presents with radiculopathy and possible peripheral neuropathy, which require electrodiagnostic studies to differentiate. However, the utilization review letter dated 07/15/14 shows that EMG/NCS of the upper extremities was already done on 12/09/2013, revealing moderate right and slight-to-moderate left carpal tunnel syndrome without conduction block. Therefore, the request for NCV of the bilateral upper extremities is not medically necessary.

