

Case Number:	CM14-0132625		
Date Assigned:	09/19/2014	Date of Injury:	09/09/2006
Decision Date:	10/23/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/19/2014

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 & Rehabilitation and is licensed to practice in Texas & Oklahoma. 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 62-year-old female who reported an injury on 03/09/2006. The mechanism of injury was continuous trauma. Prior therapies included acupuncture. The injured worker's medications included Prilosec. The surgical history was not provided. The request for authorization for the ultrasound guided injection for bilateral carpal tunnel syndrome there was a request for authorization submitted for the other requested services. The documentation of 07/09/2014 revealed a handwritten note that was difficult to read. Diagnostic studies were not provided. The injured worker complained of bilateral pain in the wrists. The physical examination revealed a positive Tinel's and decreased range of motion. The diagnosis included right upper extremity overuse syndrome and bilateral elbow medial and lateral epicondylitis with dynamic cubital tunnel syndrome. The rest of the diagnoses were handwritten and difficult to read. The treatment plan included medications and bilateral upper extremity electrodiagnostic studies to evaluate for carpal tunnel syndrome, electrodiagnostic studies and a request for complete copy of the AMA report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The American College of Occupational and Environmental Medicine states that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The clinical documentation submitted for review failed to indicate the injured worker had a failure of conservative care. The documentation that was submitted for review was handwritten and mostly illegible. There was a lack of documentation indicating a necessity for both an EMG and an NCV. Given the lack of legible documentation, the request for electromyography of the right upper extremity is not medically necessary.

Electromyography of left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The American College of Occupational and Environmental Medicine states that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The clinical documentation submitted for review failed to indicate the injured worker had a failure of conservative care. The documentation that was submitted for review was handwritten and mostly illegible. There was a lack of documentation indicating a necessity for both an EMG and an NCV. Given the lack of legible documentation, the request for electromyography of the left upper extremity is not medically necessary.

Nerve Conduction Velocity of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The American College of Occupational and Environmental Medicine states that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The clinical documentation submitted for review failed to indicate the injured worker had a failure of conservative care. The documentation that was submitted for review was handwritten and mostly illegible. There was a lack of documentation indicating a necessity for both an EMG and an NCV. Given the lack of legible

documentation, the request for nerve conduction velocity of the right upper extremity is not medically necessary.

Nerve Conduction Velocity of left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The American College of Occupational and Environmental Medicine states that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The clinical documentation submitted for review failed to indicate the injured worker had a failure of conservative care. The documentation that was submitted for review was handwritten and mostly illegible. There was a lack of documentation indicating a necessity for both an EMG and an NCV. Given the lack of legible documentation, the request for nerve conduction velocity of the left upper extremity is not medically necessary.

Bilateral wrist carpal tunnel injection with ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that corticosteroid injections in the tendon sheath or the carpal tunnel is appropriate in cases resistant conservative therapy for 8 to 12 weeks. There was a lack of documented rationale for the requested procedure. There was a lack of documentation indicating the injured worker had failed conservative care. There was a lack of documented rationale for the request. Given the above, the request for bilateral carpal tunnel injection with ultrasound guidance is not medically necessary.

Authorization to prepare narrative report after reviewing AME to address treatment issues: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visit

Decision rationale: The Official Disability Guidelines indicate that the need for a clinical visit with a healthcare provider is individualized based upon the review of the injured worker's concerns, signs and symptoms, clinical stability, and physician judgment. The clinical documentation submitted for review indicated the physician was requesting a copy of the Agreed Medical Evaluation. However, there was a lack of documentation indicating a necessity for an authorization to prepare a narrative report after reviewing AME to address treatment issues. Given the above, the request for authorization to prepare narrative reports after reviewing AME to address treatment issues is not medically necessary.