

Case Number:	CM14-0157293		
Date Assigned:	09/30/2014	Date of Injury:	12/15/2011
Decision Date:	11/06/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/25/2014

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 Pain 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:

This is a patient with a date of injury of 12/15/11. A utilization review determination dated 8/30/14 recommends modification of "musc test done w/n test comp" to bilateral nerve conduction studies of the upper extremities. Electrodiagnostic testing 1/26/12 noted evidence of bilateral C7 radiculopathies and moderate bilateral carpal tunnel syndrome. 7/17/14 medical report identifies symptoms in the fingers, palm, dorsal wrist, radiating to the shoulder, worse on the right. There is pain in the thumb in the dorsal part. Pain is 7/10. On exam, a carpal tunnel release scar is noted. There is tenderness, positive Tinel's on the right, and pinching strength weak on the right. Patient is s/p right carpal tunnel release 12/9/13. The provider recommended updated EMG/NCV studies of the upper extremities and a second opinion hand surgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MUSC test done w/n test comp (EMG): Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182.

Decision rationale: Regarding the request for EMG, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, the patient had electrodiagnostic testing in 2012 demonstrating evidence of bilateral C7 radiculopathies and moderate bilateral carpal tunnel syndrome. The patient subsequently underwent carpal tunnel release on the right. Currently, there are radiating symptoms in the arms/hands with a positive Tinel's on the right and pinch weakness. The provider wishes to update the electrodiagnostic studies and refer the patient for a second opinion hand surgery consultation. The utilization reviewer modified a request for both EMG and NCV to NCV only as the findings were felt to be related to carpal tunnel syndrome rather than radiculopathy. However, given that there may be some similar symptoms/findings between these two conditions and the patient did have electrodiagnostic evidence of both radiculopathy and carpal tunnel syndrome at the time of the study in 2012, it is reasonable to include both tests in order to better identify the patient's pain generator(s). In light of the above, the currently requested EMG is medically necessary.

MUSC test done w/n test comp (NVC): Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182.

Decision rationale: Regarding the request for NCV, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, the patient had electrodiagnostic testing in 2012 demonstrating evidence of bilateral C7 radiculopathies and moderate bilateral carpal tunnel syndrome. The patient subsequently underwent carpal tunnel release on the right. Currently, there are radiating symptoms in the arms/hands with a positive Tinel's on the right and pinch weakness. The provider wishes to update the electrodiagnostic studies and refer the patient for a second opinion hand surgery consultation. The utilization reviewer modified a request for both EMG and NCV to NCV only as the findings were felt to be related to carpal tunnel syndrome rather than radiculopathy. However, given that there may be some similar symptoms/findings between these two conditions and the patient did have electrodiagnostic evidence of both radiculopathy and carpal tunnel syndrome at the time of the study in 2012, it is reasonable to include both tests in order to better identify the patient's pain generator(s). In light of the above, the currently requested NCV is medically necessary.