

Case Number:	CM14-0158839		
Date Assigned:	10/13/2014	Date of Injury:	11/16/2010
Decision Date:	11/12/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/29/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 40 year old employee with date of injury of 11/16/2010. Medical records indicate the patient is undergoing treatment for wrist sprain/strain, hand sprain/strain, shoulder sprain/strain and radicular neuralgia. She is s/p right carpal tunnel surgery 01/2013. She has also been diagnosed with lumbar disk syndrome, radicular neuralgia, lumbar sprain/strain and segmental dysfunction lumbar spine. Subjective complaints include bilateral upper extremity pain, right wrist and hand pain with weakness and numbness, right shoulder pain with weakness, left wrist and shoulder pain. Her pain is associated with weakness, tingling, numbness in both arms and hands. The pain is intermittent in frequency and moderate in intensity. She rates her pain as a 2/10 at best and 7/10 at the worst. 50% of her pain is in her arm. Objective findings include positive Tinel and Phalen's signs. A prior EMG/NCV of the upper extremities (6/21/2012) tested positive for carpal tunnel syndrome. On exam, reflexes in the upper extremities were absent bilaterally and dermatomes were decreased on the right. Grip strength testing using a Jamar dynamometer at the second notch proved: right hand, 12 pounds, left hand, 25 pounds. The right wrist is very tender, slight restriction with pain. The right wrist had a positive Tinel's and positive Phalen's. Weak muscle testing on both wrists. Left wrist had slight tenderness, with negative Tinel's and Phalen's. The right shoulder was restricted about 30% with pain, crepitus on active and passive range of motion. She had tenderness and muscle spasm with myofascial pain. She had both a positive Roo's and Apley tests. The impingement test was questionable. She had a negative arm drop and apprehension. She had a positive supraspinatus press test and resist test. The left shoulder: Was restricted about 20% with pain, crepitus on active and passive range of motion. She had both a positive Roo's and Apley tests on the left shoulder. She had a negative arm drop and apprehension. She had a positive supraspinatus press test and resist test. Treatment has consisted of chiropractic visits, acupuncture, TENS unit trial,

trigger point injections and PT. Medications include Ultram, Naprosyn and Prilosec. The utilization review determination was rendered on 8/29/2014 recommending non-certification of EMG/NCV bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/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, Low Back Official Disability Guidelines, Carpal Tunnel

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Pain, Electrodiagnostic testing (EMG/NCS)

Decision rationale: ACOEM 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." ODG states "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapment's, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies". ODG further clarifies "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The treating physician notes that the patient has had a previous EMG/NCV on 6/11/12 that showed moderate bilateral median neuropathy but does not sufficiently document a new injury, re-injury, or red flag symptoms to justify a new EMG/NCS. As such the request for EMG/NCV of the bilateral upper extremities is not medically necessary.