

Case Number:	CM14-0164849		
Date Assigned:	10/09/2014	Date of Injury:	02/03/2012
Decision Date:	11/10/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/07/2014

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 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 February 3, 2012. A utilization review determination dated September 15, 2014 recommends non-certification of EMG/NCV of bilateral upper extremities. Non-certification was recommended due to a lack of documentation of an upper extremity neurological examination and failed conservative treatment. A progress report dated August 25, 2014 identifies subjective complaints of bilateral wrist pain. The remainder of the subjective complaints section is illegible. Physical examination findings identify 4/5 muscle weakness affecting both wrists with decreased sensation in the bilateral median nerve distribution. There is also a positive Tinel's and Phalen's test affecting both wrists. Diagnoses appear to indicate bilateral radiculopathy bilateral shoulder strain and carpal tunnel syndrome. The remainder of the diagnoses are illegible. The treatment plan recommends carpal tunnel release and states that there was an abnormal nerve study on January 30, 2013 which showed carpal tunnel syndrome on the right and left sides.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper extremity (BUE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG, Neck and Carpal Tunnel Chapters

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

Decision rationale: Regarding the request for EMG/NCV of bilateral upper extremities, 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, there are no recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. In fact, it appears that all physical examination findings point towards a diagnosis of carpal tunnel syndrome. The note also indicates the carpal tunnel syndrome has been confirmed by electrodiagnostic testing previously. Therefore, it is unclear why the electrodiagnostic testing would need to be repeated at the current time. In the absence of clarity regarding those issues, the currently requested EMG/NCV of bilateral upper extremities is not medically necessary.