

Case Number:	CM14-0171919		
Date Assigned:	10/23/2014	Date of Injury:	03/13/2014
Decision Date:	11/21/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/17/2014

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 with an injury date on 3/13/14. Injured worker complains of constant mid/upper back pain radiating to right lower back that increases when midback is utilized per 9/10/14 report. Injured worker also has constant low lumbar pain radiating to buttocks and right leg, and constant right wrist pain radiating to right forearm/fingers with numbness/tingling that increases when utilized per 9/10/14 report. Based on the 9/10/14 progress report provided by [REDACTED] the diagnoses are: 1. thoracic s/s2. thoracic muscle spasm3. lumbar s/s4. lumbar muscle spasm5. rule out lumbar spine disc protrusion6. right wrist s/s7. right de Quervain's disease8. rule out right wrist carpal tunnel syndrome9. s/p surgery, right wristExam on 9/10/14 showed "L-spine ranges of motion painful. Thoracic ranges of motions painful. Sitting straight leg raise positive. Right wrist ranges of motion painful. 3+ tenderness to palpation of volar wrist, medial wrist, lateral wrist. Finkelstein's causes pain, carpal compression causes numbness." Injured worker's treatment history includes post-operative physical therapy, restrictions, splint, and medications. [REDACTED] is requesting electromyography (EMG) bilateral upper extremities. The utilization review determination being challenged is dated 9/17/14 and denies request due to right thumb numbness not being addressed in history/exam, and no left upper extremity symptoms or exam findings. [REDACTED] is the requesting provider, and he provided treatment reports from 4/22/14 to 9/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Bilateral Upper Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 170, 177 and 269 (wrist, hand and forearm).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: This injured worker presents with back pain, buttocks pain, right leg pain, wrist pain, and right forearm/finger pain and is s/p closed reduction and percutaneous pinning, left distal radius fracture from 3/9/14. The treater has asked for electromyography (EMG) bilateral upper extremities on 9/10/14. Review of the reports does not show any evidence of EMG of upper extremities being done in the past. Regarding electrodiagnostic studies, ACOEM states they 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. Injured worker presents with numbness of the right forearm/fingers, radiculopathy, and peripheral neuropathy which require electrodiagnostic studies to differentiate. The request for Electromyography (EMG) Bilateral Upper Extremities is medically necessary.