

Case Number:	CM14-0176683		
Date Assigned:	10/29/2014	Date of Injury:	07/28/2009
Decision Date:	12/18/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/24/2014

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 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 38-year-old female who reported an injury on 07/28/2009. The mechanism of injury was not provided. The diagnoses included cervical disc degeneration and neck pain with signs of radiculopathy, bilateral shoulder pain with rotator cuff tendonitis, bilateral forearm pain with tendonitis, and bilateral carpal tunnel syndrome. Diagnostic testing included MRI of the cervical spine on 06/18/2014 and 12/16/2011. Past medical treatment included physical therapy and medications. There was no pertinent surgical history provided. The injured worker reported increased pain affecting the upper extremity while attempting to work. The physical examination reports painful range of motion of the cervical spine which increases the extension left and right. The pain radiates toward the intrascapular area. Pinprick sensation was decreased in the 1st through 4th digits of the right hand, and 1st through 3rd digits of the left hand. Motor strength was intact in both upper extremities. Medications were not provided. The treatment plan is for an EMG/NCS of the bilateral upper extremities. The rationale for the request was not provided. The Request for Authorization form was submitted on 09/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; regarding: Nerve conduction studies(NCS) and Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The California MTUS/ACOEM guidelines state in cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. The guidelines recommend NCV for median or ulnar impingement at the wrist after failure of conservative treatment. The guidelines do not recommend routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without symptoms. The documentation indicates an EMG was previously performed which was significant for carpal tunnel syndrome. On 10/26/2011. There is no documentation indicating the injured worker has findings upon physical examination indicative of nerve impingement. The use of EMG would not be indicated in the absence of difficulty determining a diagnosis with NCV. There is a lack of documentation demonstrating the need for repeat testing. Therefore the request for EMG/NCV Bilateral Upper Extremities is not medically necessary.