

Case Number:	CM14-0042881		
Date Assigned:	06/30/2014	Date of Injury:	04/02/2004
Decision Date:	08/21/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/09/2014

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 Occupational 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:

The patient is a 59-year-old female who has submitted a claim for carpal tunnel syndrome with possible ulnar nerve issues associated with an industrial injury date of April 2, 2004. Medical records from 2009-2014 were reviewed. The patient complained of chronic upper extremity pain, mostly with her hands. There was burning and shooting pain in the hands, and bilateral paresthesias in the middle, ring and little fingers. Physical examination showed no atrophy. The abductor strength and first dorsal interosseus are 5/5/ bilaterally. Tinel's and compressive Phalen's tests were positive bilaterally. There was no swelling. Nerve conduction study dated 2005 showed moderate right and mild left carpal tunnel syndrome. Magnetic Resonance Arthrogram of the right shoulder, dated January 22, 2009, revealed postoperative changes from rotator cuff repair, full thickness fissure on the distal fibers of the supraspinatus tendon, and grossly intact appearance of the labrum and articular cartilage. Treatment to date has included medications, physical therapy, psychotherapy, activity modification, cortisone injection, and bilateral shoulder surgeries. Utilization review, dated April 4, 2014, denied the request for EMG and NCT of bilateral upper extremities because there was lack of objective clinical findings consistent with neurological compromise.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCT of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. EMG/NCS is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain, or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely, respectively. In this case, the rationale for the present request was not provided. Nerve conduction study dated 2005 showed moderate right and mild left carpal tunnel syndrome. The patient complains of upper extremity pain, mostly in the hands. Recent progress report dated March 2014 showed no atrophy, normal motor strength and positive Tinel's and compressive Phalen's tests bilaterally. NCV testing may be appropriate given that clinical manifestations strongly indicate neuropathy. However, there is insufficient clinical evidence of radiculopathy that would necessitate performing an EMG. Therefore, request for EMG/NCT of bilateral upper extremities is not medically necessary.