

Case Number:	CM14-0048774		
Date Assigned:	06/25/2014	Date of Injury:	05/07/2013
Decision Date:	07/23/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/27/2014

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 patient is a 44 year old female with an injury date on 05/07/2013. Based on the 02/04/2014 progress report provided by [REDACTED], the patient presents with neck pain that radiated to both arms. The exam on 02/04/2014 showed positive right Phaleh's test, positive right Tinel's sign, grip strength by Jamar dynamometer indicated the right is weaker, noted thenar atrophy. MRI of the cervical spine on July 9, 2013 revealed Disc disease at C3-C4, C5-C6 and C6-C7 with stenosis, and 4 mm disc at C5-C6. [REDACTED] is requesting EMG/NCS of the bilateral upper extremities, neck and physical therapy 2 times a week for 4 weeks. The utilization review determination being challenged is dated 03/14/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/04/2014 to 05/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of BUE & Neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: Regarding EMG/NCS, MTUS guidelines state "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. 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. In this case, the patient recently had a set of EMG/NCV studies documenting the abnormalities. The treating physician wants to "better define and develop a treatment regimen" with another set of EMG/NCV studies but it is not known what will change with a new EMG/NCV studies when the patient presents with clinically unchanged symptoms and prior EMG/NCV studies already captured the diagnoses. The request is not medically necessary.

PT 2x4 or the cervical and bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: Review of the report shows that the patient has completed 8 sessions of physical therapy recently. The patient reports improvement in pain level with activities, work duties. Regarding neuralgia, neuritis, and radiculitis type condition, MTUS guidelines pages 98, 99 recommend 8-10 visits over 4 weeks. The treating physician does not mention why additional therapy is needed other than to continue therapy based on the patient's complaints. The patient is improving and should be able to transition into a home exercise program. Given that the patient already had adequate therapy, the request is not medically necessary.