

Case Number:	CM14-0049227		
Date Assigned:	06/25/2014	Date of Injury:	01/18/2014
Decision Date:	08/08/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/24/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 42 year-old with a date of injury of 01/18/14. A progress report associated with the request for services, dated 02/15/14, identified subjective complaints of right arm, wrist, hand, and finger pain. Objective findings included tenderness to palpation of the cervical spine and shoulders. There was also tenderness over the carpals and snuff box and decreased flexion of the fingers. Phalen's and Finkelstein's tests were positive. The patient's diagnoses included cervical sprain/strain; right shoulder impingement; right wrist sprain/strain; right carpal tunnel syndrome; and right De Quervain's syndrome. The patient's treatment has included physical therapy, epidural steroid injections, NSAIDs, and oral analgesics. The reason for an EMG and nerve conduction study related to an overall diagnostic work-up. A Utilization Review determination was rendered on 03/13/14 recommending non-certification of EMG of the bilateral upper extremities and NVC of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178; 182.

Decision rationale: The ACOEM portion of the Medical Treatment Utilization Schedule (MTUS) notes that when the neurologic examination is less clear for radiculopathy that electromyography (EMG) and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck and arm symptoms lasting more than three to four weeks. Conversely, EMG is not recommended for diagnosis of nerve root involvement if the findings in the history, physical exam, and imaging studies are consistent. The original non-certification was based upon lack of documentation of progressive neurological deficits. However, progression is not required when there is diagnostic confusion. In this case, the record indicates signs and symptoms from potentially different pathologic sources. Therefore, the request is medically necessary.

NVC of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The ACOEM portion of the Medical Treatment Utilization Schedule (MTUS) notes that when the neurologic examination is less clear for radiculopathy that nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck and arm symptoms lasting more than three to four weeks. In those cases, they are recommended before imaging studies. The original non-certification was based upon lack of documentation of progressive neurological deficits. However, as noted above, progression is not required when there is diagnostic confusion. In this case, the record indicates signs and symptoms from potentially different pathologic sources. Therefore, the request is medically necessary.