

Case Number:	CM14-0073936		
Date Assigned:	07/16/2014	Date of Injury:	11/10/2010
Decision Date:	09/16/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/21/2014

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 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 47-year-old with reported injury on November 10, 2010. The mechanism of injury was not provided. Her diagnoses included bilateral carpal tunnel syndrome and right carpal tunnel release. The injured worker has had previous treatments of chiropractic therapy and occupational therapy with improvement. She also has had splinting of her wrists. The injured worker had an EMG (electromyography) and NCV (nerve conduction velocity) done of the upper extremities on June 24, 2011 and of the lower extremities on July 8, 2011. There was not a clinical examination for the dates requested; however, in a review of records it was mentioned that on 05/06/2011, the injured worker complained of constant, moderate, burning pain and numbness and tingling. It also was reported that she complained of intermittent, mild to moderate achy, sharp low back pain radiating to the bilateral legs with numbness and tingling. She did have decreased range of motion due to her pain. The request for authorization and the rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyogram) of the bilateral upper extremities, provided on June 14, 2011:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, EMG.

Decision rationale: The Forearm, Wrist, and Hand Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines recommend an electromyography to confirm the diagnosis of Carpal tunnel syndrome. The Official Disability Guidelines recommend EMG only in cases when a diagnosis is difficult with nerve conduction studies. The EMG may be helpful as a part of electrodiagnostic studies which include the nerve conduction studies. The situation in which both EMG and a nerve conduction study need to be accomplished such as when defining whether neuropathy is of demyelinating or axonal type. The injured worker already has a diagnosis of Carpal tunnel syndrome. There was not a clinical note provided that corresponded with the date of service or prior to the date of service. There was no examination provided of functional deficits. There have been previous treatments of chiropractic and occupational therapy with improvement. There was a lack of evidence to support the medical necessity of an EMG without the viewing of the clinical records. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for an EMG of the bilateral upper extremities, provided on June 14, 2011, is not medically necessary or appropriate.

NCV (nerve conduction velocity) of the bilateral upper extremities, provided on June 14, 2011: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, nerve.

Decision rationale: The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines recommend a nerve conduction study is carpal tunnel syndrome is suspected. The Official Disability Guidelines recommend nerve conduction studies in patients with clinical signs of carpal tunnel syndrome and may be candidates for surgery. Carpal tunnel syndrome must be provided by positive findings on clinical examination and should be supported by the nerve conduction test before surgery is undertaken. The injured worker already has a diagnosis of carpal tunnel syndrome. There was not a clinical note provided that corresponded with the date of service or prior to the date of service. There was no examination provided of functional deficits. There is a lack of evidence to support the medical necessity of an NCV bilaterally to the upper extremities without further evaluation and assessment. The clinical information fails to meet the evidence based guidelines for this request. Therefore, the request for an NCV of the bilateral upper extremities, provided on June 14, 2011, is not medically necessary or appropriate.

EMG of the bilateral lower extremities, provided on July 8, 2011: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines state an electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. There was not a clinical note provided that corresponded with the date of service or prior to the date of service. There was no examination provided of functional deficits. There was a lack of evidence of conservative therapy although the injured worker did have chiropractic and occupational therapy with some improvement. There is a lack of evidence to support the medical necessity of an EMG bilaterally to the lower extremities. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for an EMG of the bilateral lower extremities, provided on July 8, 2011 is not medically necessary or appropriate.

NCV of the bilateral lower extremities, provided on July 8, 2011: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Nerve conduction studies.

Decision rationale: The California MTUS/ACOEM Guidelines do not address this issue. The Official Disability Guidelines do not recommend a nerve conduction study. There is minimal justification for performing a nerve conduction study when the patient is presumed to have symptoms on the basis of radiculopathy. There was not a clinical note provided that corresponded with the date of service or prior to the date of service. There was no evaluation provided of any complaints of the lower extremities and/or any signs or symptoms of radiculopathy. There is a lack of evidence to support the medical necessity of an NCV bilaterally to the lower extremities and the clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for an NCV of the bilateral lower extremities, provided on July 8, 2011 is not medically necessary or appropriate.