

Case Number:	CM14-0075986		
Date Assigned:	07/16/2014	Date of Injury:	02/19/2014
Decision Date:	08/15/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/23/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 54 year old employee with date of injury of 2/9/2014. The medical records indicate the patient is undergoing treatment for sprain, bilateral wrists-R/O, carpal tunnel syndrome; paresthesia/bilateral hands; left shoulder sprain. The subjective complaints include pain in left shoulder, numbness and pain in both hands. The objective findings include, no sensory testing documented; no muscle atrophy and minimal exams are noted. The treatment has consisted of PT, polar frost gel tube, Acetaminophen, Motrin, Etodolac and home heating pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG right upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177,182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain and Neck, Electrodiagnostic testing (EMG/NCS).

Decision rationale: The ACOEM states appropriate electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases,

electromyography(EMG) may be helpful. The ODG states recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. EMG and NCS are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with complex regional pain syndrome (CRPS II) (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies. The ODG additionally states that In contrast, dissociation of NCS and EMG results into separate reports is inappropriate unless specifically explained by the physician. The performance and/or interpretation of NCSs separately from that of the needle EMG component of the test should clearly be the exception (e.g. when testing an acute nerve injury) rather than an established practice pattern for a given practitioner (AANEM, 2009). The treating physician has not provided clinical documentation of focal nerve entrapments (cervical radiculopathy and/or Carpal tunnel syndrome) and has not documented a trial and failure of conservative treatment. As such the request for EMG of right upper extremities is not medically necessary.

EMG left upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177,182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain and Neck, Electrodiagnostic testing (EMG/NCS).

Decision rationale: The ACOEM states appropriate electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. The ODG states recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. EMG and NCS are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with complex regional pain syndrome (CRPS II) (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies. The ODG additionally states that In contrast, dissociation of NCS and EMG results into separate reports is inappropriate unless specifically explained by the physician. The performance and/or interpretation of NCSs separately from that of the needle EMG component of the test should clearly be the exception (e.g. when testing an acute nerve injury) rather than an established practice pattern for a given practitioner (AANEM, 2009). The treating physician has not provided clinical documentation of focal nerve entrapments (cervical radiculopathy and/or Carpal tunnel syndrome) and has not documented a trial and failure of conservative treatment.

As such the request for EMG of right upper extremities is not medically necessary. As such the request for EMG of the left upper extremities is not medically necessary.

NCV left upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain and Neck, Electrodiagnostic testing (EMG/NCS).

Decision rationale: The ACOEM states appropriate electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. The ODG states recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. EMG and NCS are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with complex regional pain syndrome (CRPS II) (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies. The ODG additionally states that In contrast, dissociation of NCS and EMG results into separate reports is inappropriate unless specifically explained by the physician. The performance and/or interpretation of NCSs separately from that of the needle EMG component of the test should clearly be the exception (e.g. when testing an acute nerve injury) rather than an established practice pattern for a given practitioner (AANEM, 2009). The treating physician has not provided clinical documentation of focal nerve entrapments (cervical radiculopathy and/or Carpal tunnel syndrome) and has not documented a trial and failure of conservative treatment. As such the request for NCV of the left upper extremities is not medically necessary.

NCV right upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain and Neck, Electrodiagnostic testing (EMG/NCS).

Decision rationale: The ACOEM states appropriate electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. The ODG states recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. EMG and NCS are generally accepted, well-established and widely used for localizing the source of the neurological

symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with complex regional pain syndrome (CRPS II) (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies. The ODG additionally states that In contrast, dissociation of NCS and EMG results into separate reports is inappropriate unless specifically explained by the physician. The performance and/or interpretation of NCSs separately from that of the needle EMG component of the test should clearly be the exception (e.g. when testing an acute nerve injury) rather than an established practice pattern for a given practitioner (AANEM, 2009). The treating physician has not provided clinical documentation of focal nerve entrapments (cervical radiculopathy and/or Carpal tunnel syndrome) and has not documented a trial and failure of conservative treatment. As such the request for NCV of the right upper extremities is not medically necessary.