

Case Number:	CM14-0077239		
Date Assigned:	07/18/2014	Date of Injury:	09/01/2005
Decision Date:	09/24/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/27/2014

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, and is licensed to practice in Texas. 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 62 year old male who reported an injury to his neck and upper back on 09/01/05. Clinical note dated 04/29/14 indicates the injured worker has continued complaints of pain and numbness on the ulnar side of both wrists and hands. Physical exam showed decreased sensation on the ulnar side of both hands. Positive Tinel's Sign over the cubital tunnels and mildly positive Tinel's Sign over the ulnar nerve at the wrist. Diagnosis, bilateral cubital tunnel syndrome. Utilization review dated 05/14/14 resulted in non-approval for EMG/NCV of the bilateral upper extremities. Insufficient information was submitted regarding completion of any conservative treatment addressing bilateral upper extremities complaints. No information was submitted confirming cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The request for electrodiagnostic studies of the upper extremities is not medically necessary. Electrodiagnostic studies are indicated for injured workers who have shown signs of radiculopathy in the cervical spine. No information was submitted regarding reflex, sensation, or strength deficits in the upper extremities or completion of any conservative treatment addressing cervical and upper extremities complaints or imaging studies confirming neurocompressive findings. Given this, the request is not indicated as medically necessary.

Electromyography (EMG) of the right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Electrodiagnostic studies are indicated for injured workers who have shown signs of radiculopathy in the cervical spine. No information was submitted regarding reflex, sensation, or strength deficits in the upper extremities or completion of any conservative treatment addressing cervical and upper extremities complaints or imaging studies confirming neurocompressive findings. Given this, the request is not indicated as medically necessary.

Nerve Conduction Studies (NCS) of the left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The request for electrodiagnostic studies of the upper extremities is not medically necessary. Electrodiagnostic studies are indicated for injured workers who have shown signs of radiculopathy in the cervical spine. No information was submitted regarding reflex, sensation, or strength deficits in the upper extremities or completion of any conservative treatment addressing cervical and upper extremities complaints or imaging studies confirming neurocompressive findings. Given this, the request is not indicated as medically necessary.

Nerve Conduction Studies (NCS) of the right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Electrodiagnostic studies are indicated for injured workers who have shown signs of radiculopathy in the cervical spine. No information was submitted regarding reflex,

sensation, or strength deficits in the upper extremities or completion of any conservative treatment addressing cervical and upper extremities complaints or imaging studies confirming neurocompressive findings. Given this, the request is not indicated as medically necessary.