

Case Number:	CM14-0186301		
Date Assigned:	12/05/2014	Date of Injury:	01/31/2009
Decision Date:	01/15/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	11/08/2014

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 and is licensed to practice in Pennsylvania. 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 51-year-old woman with a date of injury of 01/31/2009. An orthopedic AME report dated 09/04/2014 identified the mechanism of injury as cumulative trauma resulting in pain in both arms. This AME report and treating clinician notes dated 08/11/2014 and 07/30/2014 indicated the worker was experiencing pain in the hands that went up both arms to the neck, shoulders, and upper back; associated headaches; numbness and tingling in the right more than the left hand; swelling of both hands; problems with sleep; and depressed and anxious mood. Documented examinations described inconsistent tenderness in the upper back; decreased bicep reflexes; increased triceps reflex; decreased sensation along the right ulnar, median, and radial nerves; tenderness of both wrists; and tenderness at both elbows at the outer areas. The submitted and reviewed documentation concluded the worker was suffering from chronic pain syndrome, forearm tendonitis in arms, probable depression, probable carpal tunnel syndrome, medial and lateral epicondylitis, and myositis. Treatment recommendations included topical pain medication, pain psychological sessions, and electromyography and nerve conduction studies of both arms. A Utilization Review decision was rendered on 09/29/2014 recommending non-certification for electromyography and nerve conduction velocity studies 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:

Electromyography/Nerve Conduction Velocity (EMG/NCV) of the Bilateral Upper Extremities: Overturned

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, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 165-188; 261.

Decision rationale: The MTUS Guidelines recommend the use of electromyography (EMG) to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms; to clarify nerve root dysfunction in cases when a bulging disc in the upper spine is suspected before treatment with surgery; in the diagnosis of nerve root problems when the documented history, examination, and imaging studies are inconsistent; and to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The MTUS Guidelines recommend the use of nerve conduction velocity (NCV) studies to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms and to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The submitted and reviewed documentation indicated the worker was experiencing arm and neck pain among other issues, and these records suggested a need to clarify the presence of carpal tunnel syndrome from a myofascial condition. While the findings were not recorded in a way that suggested they were subtle, multiple treating physicians discussed them in that way and reported difficulty in identifying the worker's underlying condition with confidence. For these reasons, the current request for electromyography and nerve conduction velocity studies of the bilateral upper extremities is medically necessary.