

Case Number:	CM14-0195528		
Date Assigned:	12/03/2014	Date of Injury:	07/22/2014
Decision Date:	01/20/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/21/2014

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 Family Medicine 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:

This is a 54 year old female injured worker who sustained a work related injury on 7/22/14. Injured worker sustained the injury cumulative trauma. The current diagnoses include bilateral carpal tunnel syndrome, headaches, cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, right wrist sprain/strain, left wrist sprain/strain, right hand tenosynovitis, left hand tenosynovitis and depression. Per the doctor's note dated 9/03/14, injured worker has complaints of intermittent mild headaches with nausea and vomiting, dizziness and loss of equilibrium. She had complaints of neck pain, mid back pain, bilateral shoulder pain, and bilateral wrist. Pain at 6/10 with numbness and tingling and loss of grip. Physical examination revealed positive spasm of the cervical spine and upper extremities, trigger points in the trapezius and parascapular musculature, point tenderness about the A.C. joint, positive impingement, positive drop arm test. Per the doctor's note dated 9/29/14 injured worker had complaints of constant, moderate headaches that are associated with neck pain, pain along the neck, pain and tightness in the upper back, pain in her lumbar spine and pain in bilateral hand and wrist with a sensation of numbness and tingling in the fingers and dropping of items due to hand weakness. Physical examination of the upper extremity revealed painful range of motion, tenderness on palpation, positive cervical compression test, and shoulder depression test, decreased sensation in bilateral upper extremities, positive finkelstein's sign, Tinel's and Phalen's sign. The current medication lists include Metformin, Hydrochlorothiazide, and Lovastatin. The injured worker has had an electro diagnostic study on 09/22/14 that revealed very severe right C6 sensory radiculopathy. Any surgical or procedure note related to this injury were not specified in the records provided. Any operative/or procedure note was not specified in the records provided. He has had a urine drug toxicology report on 9/03/14 that was inconsistent. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltage-Actuated Sensory Nerve Conduction Threshold: Upheld

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

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

Decision rationale: Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The injured worker has had an electro diagnostic study on 09/22/14 that revealed very severe right C6 sensory radiculopathy. Any significant changes in objective physical examination findings since the last electro diagnostic study that would require a repeat electro diagnostic study were not specified in the records provided. A rationale for the Voltage-actuated Sensory Nerve Conduction Threshold was not specified in the records provided. The details of physical therapy or other types of therapy done since the date of injury were not specified in the records provided. The records submitted contain no accompanying current physical therapy evaluation for this injured worker. A detailed response to a complete course of conservative therapy including physical therapy visits was not specified in the records provided. Previous physical therapy visit notes were not specified in the records provided. The medical necessity of the request for Voltage-actuated Sensory Nerve Conduction Threshold is not fully established for this injured worker; therefore, the request is not medically necessary.