

Case Number:	CM14-0029726		
Date Assigned:	06/20/2014	Date of Injury:	04/23/2010
Decision Date:	02/25/2015	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 35 year old Female who had industrial injury on 4/23/10 related to repetitive work sustained while employed. She had obtained xrays, MRI scans, Physical therapy, acupuncture, massage, surgery, and medications. Injured worker had an electromyogram done on 5/10/2007 and that was read as normal. Examination on 12/2/13 has injured worker complaining of neck pain with bilateral arm, wrist, and hand pain. Physical exam demonstrated a positive spurlings, adson's and foraminal compression test on the right. Decreased sensation over bilateral C5, C6, C7, C8, and right T1. Decreased strength over bilateral C5, C6, C7, C8, and left T1. Wrist and hand examination documented positive Tinel's and Phalen's on the right. She has atrophy on the right hypothenar and intrinsic hand muscles. A diagnosis of Right hand strain/sprain, positive electromyogram carpal tunnel syndrome with clinical evidence of ulnar neuropathy, and C6-7 radiculopathy was given. Treatment plan is for bilateral Electromyogram and nerve conduction studies. The injured worker is currently not employed. On 2/14/14 a non certification recommendation was made for a request of the left nerve conduction studies and certification recommendation for the nerve conduction studies on the right and electromyogram of both extremities. The rationale for the denial was due to guidelines not supporting nerve conduction studies with electromyogram when radiculopathy is clearly evident and no related sensory or motor finding to the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction study of the left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (updated 12/16/13) Nerve conduction studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178 and 182, 261. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies. Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies (EDS) and Electromyography.

Decision rationale: Regarding the request for NCS (nerve conduction study) of left upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, the requesting physician has identified that the patient has physical examination findings including weakness in multiple upper extremity muscles which are not completely explained by the patient's MRI findings. Additionally, the patient's findings may be consistent with either a radicular lesion or a peripheral nerve lesion. Furthermore, the patient has failed conservative treatment. Proceeding with electrodiagnostic studies may help determine what future treatment options may be available. It is acknowledged that the prior utilization reviewing physician used Official Disability Guidelines to make the determination and is correct according to Official Disability Guidelines; however CA-MTUS guidelines clearly allow for both to be done when certain criteria are met and that criterion was met. As such, the currently requested NCS of left upper extremities is medically necessary.