

Case Number:	CM15-0009621		
Date Assigned:	01/27/2015	Date of Injury:	09/15/2000
Decision Date:	03/17/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/16/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 63 year old female, who sustained an industrial injury on 09/15/2000. She has reported subsequent neck, back and upper extremity pain, tingling and numbness and was diagnosed with carpal tunnel syndrome, cervicalgia, cervical disc degeneration and spondylolisthesis. The only medical documentation received for review is a PR-2 dated 12/08/2014. Previous treatment received includes oral pain medication and wrist braces. The PR-2 notes that the injured worker complained of frequent numbness and tingling in the fingertips of both hands and pain in the bilateral wrists. Objective physical examination findings were notable for mild tenderness at the vertebral prominence of the cervical spine and positive Durkin's, Phalen's and Tinel's sign at each wrist. The physician noted that electrodiagnostic studies of the bilateral upper extremities as well as electromyographic studies would be requested to determine if the signs and symptoms were primary the result of carpal tunnel, double crush or cervical radiculopathy. On 01/12/2015, Utilization Review non-certified a prospective request for an electromyogram and nerve conduction velocity testing of the left upper extremity between 01/05/2015 and 02/19/2015, noting that electro-diagnostic studies would not substantially change the clinical course of care at this time. MTUS and ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Pain, Electrodiagnostic testing (EMG/NCS)

Decision rationale: ACOEM States "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." ODG states "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (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 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". ODG further clarifies "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The treating physician does not document evidence of radiculopathy, muscle atrophy, and abnormal neurologic findings. The treating physician has not met the above ACOEM and ODG criteria for an EMG of the upper extremities. As such the request for EMG/NCV OF THE LEFT UPPER EXTREMITIES is not medically necessary.