MAXIMUS Federal Services

Case Number:	CM15-0104210		
Date Assigned:	06/08/2015	Date of Injury:	10/23/2014
Decision Date:	07/13/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/01/2015

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: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old female, who sustained an industrial injury on 10/23/14. She has reported initial complaints of both arms hurting, the left more than the right. The diagnoses have included bilateral carpel tunnel syndrome, possible left cubital tunnel syndrome and possible cervical radiculopathy. Treatment to date has included medications, activity modifications, diagnostics, off work, wrist splinting, occupational therapy and other modalities. Currently, as per the physician orthopedic consultation progress note dated 5/6/15, the injured had a history of frequent computer keyboard use, she has had electrodiagnostic testing, Magnetic Resonance Imaging (MRI) of the cervical spine and was taken off of work. She complains of numbness and tingling in the middle and ring fingers and to a lesser degree of middle finger of the left hand greater than right side. She has pain at the left lateral elbow, weakness in the left hand and pain at times that goes all the way up to her left lateral neck area. The physical exam of both upper extremities reveals mild tenderness left elbow lateral epicondyle, diminished sensation left little and ring fingers and grip strength right is 35 and left is 30. There is positive Tinel's sign at the ulnar nerve left elbow and positive Tinel's sign at the median nerve of both wrists. The current medications included Advil as needed. The physician noted that the x-rays of the both hands and wrists with an additional carpel tunnel view reveals mild spurring left thumb and left middle finger. It is also noted that the x-rays of the both elbows reveals small spur medial joint line left elbow. The physician also notes that electrodiagnostic testing dated 1/9/15 reveals severe bilateral median neuropathy of the wrist with severe bilateral ulnar neuropathy across the right elbow but appear distal to the cubital tunnel on the left. The physician also notes the Magnetic Resonance Imaging (MRI) of the cervical spine dated 4/13/15 reveals disc protrusion, mild stenosis, and bulging disc. The previous diagnostic testing was noted with the records. The previous therapy

sessions were noted. Work status was temporary total disability. The physician noted that he would like repeat electrodiagnostic testing with a different examiner due to the inability to localize the ulnar nerve findings in the left upper extremity. The physician requested treatments included electromyography (EMG) /nerve conduction velocity studies (NCV) Bilateral Upper Extremities and Follow up visit after testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral Upper Extremities: 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, Chapter 8 Neck and Upper Back Complaints Page(s): 178 (cervical chapter) and 260-262 (wrist chapter).

Decision rationale: The patient presents with pain affecting the upper bilateral extremities. The current request is for EMG/NCV Bilateral Upper Extremities. The treating physician states in the report dated 5/6/15, "Repeat electrodiagnostic testing with a different examiner due to the inability to localize the ulnar nerve findings in the left upper extremity." (24B) The patient recently had an electrodiagnostic test done on 1/9/15, which showed severe bilateral median neuropathy of the wrist with severe bilateral ulnar neuropathy of localized across the right, elbow but appear distal to the cubltal tunnel on the left. The ACOEM guidelines state, "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 assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected" test may be repeated later in the course of treatment if symptoms persist. In this case, the treating physician has documented that the patient recently received electrodiagnostic testing and has not undergone any major treatment since then. The current request is not medically necessary.

Follow up visit after testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Page(s): 8.

Decision rationale: The patient presents with pain affecting the upper bilateral extremities. The current request is for Follow up visit after testing. The treating physician states in the report

dated 5/6/15, "Reevaluate after testing." (24B) The MTUS guidelines state, "The physician should periodically review the course of treatment of the patient and any information about the etiology of the pain or the patient's state of health." In this case, the treating physician would only require a follow up examination with the patient following electrodiagnostic testing if the EMG/NCV was medically necessary. However, the EMG/NCV is not medically necessary and therefore a follow up visit is not medically necessary.