

Case Number:	CM15-0019002		
Date Assigned:	02/06/2015	Date of Injury:	01/01/2011
Decision Date:	12/09/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	02/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 1-1-2011. Medical records indicate the worker is undergoing treatment for bilateral shoulder sprain-strain, bilateral wrist tendinitis, bilateral carpal tunnel syndrome and cervical sprain-strain. A recent progress report dated 12-15-2014, reported the injured worker complained of neck pain, bilateral shoulder pain and bilateral wrist pain. Physical examination revealed bilateral shoulder tenderness and positive impingement test, trapezius pain and cervical tenderness. Range of motion was documented, but difficult to decipher. Treatment to date has included Ultram, Voltaren, Fexmid and Remeron. On 12-15-2014, the Request for Authorization requested electromyography (EMG) of the bilateral upper extremities and a nerve conduction study (NCS) of the bilateral upper extremities. On 12-30-2014, the Utilization Review noncertified electromyography (EMG) of the bilateral upper extremities and a nerve conduction study (NCS) 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:

EMG (Electromyography) left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 11/18/2014), Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for EMG of left upper extremity, ACOEM Practice Guidelines state that the electromyography may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. These guidelines further state that "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. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS." Within the documentation available for review, there is a handwritten note on 12/15/14 that is difficult to decipher in part. The exam indicates that there is a positive Flick and Tinel's sign, which can be indicators of carpal tunnel syndrome. It is unclear what conservative therapies have been trialed to date. By inference, since there is a concomitant request for carpal tunnel surgical release along with the EMG request, it would appear that conservative therapy has been tried and exhausted. However, the specifics of this is not delineated. Also, the handwritten note indicates that NCS was positive in 2012 but there is no report or clarification of this. Without more specific documentation of the conservative therapy and rationale for a repeat study at this juncture, this request is not medically necessary.

NCV (Nerve Conduction Velocity) right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 11/18/2014), Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, Follow-up Visits, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Chapter, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for nerve conduction study of the right upper extremity, ACOEM Chapter 11 on pages 271-273 in Table 11-7 recommends nerve conduction studies for "median (B) or ulnar (C) impingement at the wrist after failure of conservative treatment." There is recommendation against "routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without symptoms (D)." Within the documentation available for review, there is a handwritten note on 12/15/14 that is difficult to decipher in part. This appears to be the most relevant note associated with this request. The exam indicates that there is a positive Flick and Tinel's sign, which can be indicators of carpal

tunnel syndrome. It is unclear what conservative therapies have been trialed to date. By inference, since there is a concomitant request for carpal tunnel surgical release along with the EMG request, it would appear that conservative therapy has been tried and exhausted. However, the specific details of this are not delineated. Also, the handwritten note indicates that NCS was positive in 2012 but there is no report or clarification of this. Without more specific documentation of the conservative therapy and rationale for a repeat study at this juncture, this request is not medically necessary.

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