

Case Number:	CM15-0133412		
Date Assigned:	07/21/2015	Date of Injury:	11/26/2012
Decision Date:	09/22/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/10/2015

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

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 39 year old male, who sustained an industrial injury on 11/26/2012. He reported continuous trauma injury to the neck, bilateral shoulders, arms, elbows, wrists and hands. Diagnoses include cervicgia, cervical radiculopathy, bilateral carpal tunnel syndrome status post surgery, hand pain, medial and lateral epicondylitis, anxiety and depression. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, he had multiple complaints involving the neck, arms, and hands. On 5/26/15, the physical examination documented clinical findings were unchanged. The plan of care included requested authorization of electromyogram and nerve conduction studies (EMG/NCS) of bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, 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 rationale: Based on the 05/26/14 progress report provided by treating physician, the patient presents with pain the neck, arms and hands. The request is for EMG of right upper extremity. Patient's diagnosis per Request for Authorization form dated 05/26/15 includes postoperative bilateral carpal tunnel syndrome with residuals. Diagnoses on 05/04/15 include cervicgia, cervical radiculopathy, bilateral carpal tunnel syndrome status post surgery, hand pain, medial and lateral epicondylitis, anxiety and depression. Physical examination on 05/04/15 revealed tenderness to palpation over the cervical paraspinal muscles, upper trapezius, scapular border and right medial and lateral epicondyles. Positive Spurling's test. Sensation to light touch decreased in the bilateral hands. Weakness noted to the bilateral grips. Treatment to date has included physical therapy, home exercise program, activity modification and medications. Patient's medications include Omeprazole, Naproxen, and Gabapentin. The patient is temporarily totally disabled, per 05/26/14 report. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 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. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260- 262 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. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Treater states in 03/23/15 report "EMG and nerve conduction study showed mild right carpal tunnel syndrome and bilateral C5-C6 chronic cervical radiculopathy." Per 05/26/15 report, the patient "saw QME, ... who recommended MRI of the cervical spine, EMG/NCV studies of the bilateral upper extremities..." Per 03/31/15 QME report, diagnosis on 06/17/14 included postoperative bilateral carpal tunnel syndrome with residuals, and patient had NCV and EMG of the bilateral upper extremities, per 07/23/14 report. In this case, the patient continues to have residual pain and radiating symptoms following CTR. However, electrodiagnostic studies were already done postoperatively. This request for repeat EMG is not in accordance with guidelines and cannot be warranted. Therefore, the request IS NOT medically necessary.

NCV left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, 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 rationale: Based on the 05/26/14 progress report provided by treating physician, the patient presents with pain the neck, arms and hands. The request is for NCV left upper

extremity. Patient's diagnosis per Request for Authorization form dated 05/26/15 includes postoperative bilateral carpal tunnel syndrome with residuals. Diagnoses on 05/04/15 include cervicalgia, cervical radiculopathy, bilateral carpal tunnel syndrome status post surgery, hand pain, medial and lateral epicondylitis, anxiety and depression. Physical examination on 05/04/15 revealed tenderness to palpation over the cervical paraspinal muscles, upper trapezius, scapular border and right medial and lateral epicondyles. Positive Spurling's test. Sensation to light touch decreased in the bilateral hands. Weakness noted to the bilateral grips. Treatment to date has included physical therapy, home exercise program, activity modification and medications. Patient's medications include Omeprazole, Naproxen, and Gabapentin. The patient is temporarily totally disabled, per 05/26/14 report. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 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. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260- 262 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. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Treater states in 03/23/15 report "EMG and nerve conduction study showed mild right carpal tunnel syndrome and bilateral C5-C6 chronic cervical radiculopathy." Per 05/26/15 report, the patient "saw QME, ... who recommended MRI of the cervical spine, EMG/NCV studies of the bilateral upper extremities..." Per 03/31/15 QME report, diagnosis on 06/17/14 included postoperative bilateral carpal tunnel syndrome with residuals, and patient had NCV and EMG of the bilateral upper extremities, per 07/23/14 report. In this case, the patient continues to have residual pain and radiating symptoms following CTR. However, electrodiagnostic studies were already done postoperatively. This request for repeat NCV is not in accordance with guidelines and cannot be warranted. Therefore, the request IS NOT medically necessary.

NCV right upper extremity: Upheld

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border and right medial and lateral epicondyles. Positive Spurling's test. Sensation to light touch decreased in the bilateral hands. Weakness noted to the bilateral grips. Treatment to date has included physical therapy, home exercise program, activity modification and medications. Patient's medications include Omeprazole, Naproxen, and Gabapentin. The patient is temporarily totally disabled, per 05/26/14 report. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 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. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 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. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Treater states in 03/23/15 report "EMG and nerve conduction study showed mild right carpal tunnel syndrome and bilateral C5-C6 chronic cervical radiculopathy." Per 05/26/15 report, the patient "saw QME, ... who recommended MRI of the cervical spine, EMG/NCV studies of the bilateral upper extremities..." Per 03/31/15 QME report, diagnosis on 06/17/14 included postoperative bilateral carpal tunnel syndrome with residuals, and patient had NCV and EMG of the bilateral upper extremities, per 07/23/14 report. In this case, the patient continues to have residual pain and radiating symptoms following CTR. However, electrodiagnostic studies were already done postoperatively. This request for repeat NCV is not in accordance with guidelines and cannot be warranted. Therefore, the request IS NOT medically necessary.

EMG of left upper extremity: Upheld

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