

Case Number:	CM15-0188636		
Date Assigned:	09/30/2015	Date of Injury:	04/01/2006
Decision Date:	11/16/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/24/2015

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 60 year old female, who sustained an industrial injury on 4-1-2006. The injured worker is undergoing treatment for cervicogenic headaches, rule out cervical lesion, post bilateral carpal tunnel release, and psychological factors affecting the physical condition with depression. Medical records dated 8-1-2015 indicate the injured worker complains of neck pain, headaches, bilateral upper extremity pain with numbness in the left upper extremity. Exam dated 7-13-2015 indicates neck, shoulder and arm pain lasting 8 years described as shooting, sharp and stabbing with numbness radiating to the head, and bilateral upper extremities and bilateral lower extremities. Physical exam dated 8-1-2015 notes decreased cervical range of motion (ROM), symmetrical deep tendon reflexes of the biceps, triceps and brachioradialis. Surgical carpal tunnel scars with positive Tinel's bilaterally is noted. Adson's maneuver produced paresthesias to the left upper extremity and there is decreased sensation of the left arm. Treatment to date has included carpal tunnel release, medication and activity alterations. The original utilization review dated 8-21-2015 indicates the request for neurology consult is certified and electromyogram- nerve conduction velocity (NCV) of bilateral upper extremities is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV BUE: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (acute and chronic) Chapter under EMG.

Decision rationale: The patient presents with headaches, neck pain, and pain in the bilateral upper extremities. The request is for EMG/NCV BUE. Patient is status post bilateral carpal tunnel surgery, date unspecified. Physical examination to the cervical spine on 09/01/15 revealed guarding. Range of motion was decreased in all planes. Per 08/14/15, Request For Authorization form, patient's diagnosis include elbow and shoulder tendinitis, s/p carpal tunnel release, cervicothoracic strain, and complaints of B) UE and LE. Patient's medications, per 03/26/15 progress report include Fioricet, Ibuprofen, Lidoderm Patch, and Cymbalta. Patient's work status was not specified. 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." ODG Guidelines, Neck and Upper Back (acute and chronic) Chapter under EMG states "recommended as an option in select cases. ODG further states regarding EDS in carpal tunnel syndrome, recommended in patients with clinical signs of CTS and may be candidates for surgery." Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), with the additional electromyography (EMG) is not generally necessary. In progress report dated 09/01/15, it is stated that the patient has breast cancer that is under control and that she's had radiation and chemotherapy without complications. It is further stated that the patient does not have evidence of a peripheral neuropathy as it may relate to breast cancer therapy. Review of the medical records provided did not indicate prior EMG/NCV of the bilateral upper extremities. Examination to the bilateral upper extremities on 09/01/15 showed a positive Tinel sign at both wrists; Adson's maneuver produced paresthesias to the left upper extremity. There was a surgical carpal tunnel surgery to both wrists. In this case, given the patient's symptoms, the request for an EMG/NCV for further investigation is in accordance with guidelines. The request IS medically necessary.