

Case Number:	CM15-0189758		
Date Assigned:	10/01/2015	Date of Injury:	10/30/1998
Decision Date:	11/16/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/25/2015

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 56 year old female who sustained an industrial injury October 30, 1998. Past history included coronary artery disease with (5) stent placements form 2006 through 2014. Diagnoses are cervical, thoracic, lumbar spine sprain, strain; right sided cervical radiculopathy; right carpal tunnel syndrome. According to a primary treating physician's progress report dated August 19, 2015, the injured worker presented with complaints of pain and tenderness, limitation of motion and weakness in the cervical spine with radiation of pain into both shoulder girdles and upper back with radiating pain, numbness and tingling into the right upper extremity. She also complains of thoracic pain, lumbar spine pain with limited motion and weakness and right and left wrist pain. The right wrist has limited motion and radiating pain and paresthesia into the hands and digits without instability. Physical examination revealed; gait normal, heel toe normal; cervical spine- tenderness to palpation, negative Spurling's, Adson, and Wright maneuver; thoracic- tenderness to palpation with mild limitation of motion; right shoulder-negative impingement and satisfactory range of motion; left shoulder-negative impingement and satisfactory range of motion; right wrist-tenderness over the flexor-extensor compartment and carpal tunnel, positive Phalen's and median nerve compression signs, satisfactory range of motion of the digits; left wrist- tenderness over the flexor-extensor compartment, negative Phalen's, median nerve compression; patchy decreased sensation in the bilateral upper extremities, right C6 and median nerve distribution; lumbar spine-increased pain with lumbar extension, straight leg raise and rectus femoris stretch do not demonstrate any nerve irritability. At issue, is a request for authorization for electromyography-nerve conduction studies of the

bilateral upper extremities. An electrodiagnostic consultation report dated September 2, 2015 (report present in the medical record) of the bilateral upper extremities impression; electroneurographic findings are indicative of mild to moderate bilateral carpal tunnel syndrome; electroneurographic indicators of ulnar neuropathy were not seen; electromyographic indicators of acute cervical radiculopathy were not seen. A report of an MRI of the cervical spine dated August 23, 2015, is present in the medical record. According to utilization review dated September 3, 2015, the requests for Electromyography-Nerve Conduction Studies of the bilateral upper extremities are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve conduction studies of the Bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel syndrome (Acute & Chronic) - Electromyography (EMG)/Nerve conduction studies (NCV).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The records indicates the patient has neck pain along with pain, numbness, and weakness in both hands. The current request is for electromyography/nerve conduction velocity (EMG/NCV) of the bilateral upper extremities. The attending physician report dated 9/2/15 indicates that the testing is necessary to rule out cervical radiculopathy versus peripheral nerve entrapment. ACOEM page 262 recommends electrodiagnostic studies to help differentiate between CTS and other conditions, such as cervical radiculopathy. Review of records does indicate that the patient has persistent neck pain along with persistent complaints of pain, numbness and weakness in both hands. In this case, cervical radiculopathy is not evident during physical examination. According to ACOEM it is reasonable to perform electrodiagnostic studies including EMG and NCV to help differentiate between a cervical radiculopathy and a peripheral nerve entrapment such as carpal tunnel syndrome. As such, the medical documentation does establish medical necessity. The current request is medically necessary.