

<b>Case Number:</b>	CM15-0199562		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	07/14/2008
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49 year old female patient with a date of injury on 7-14-08. A review of the medical records indicates that the patient is undergoing treatment for bilateral hand pain. Per the progress report dated 9-18-15, she had complaints of persistent bilateral hand numbness that has become more frequent in the past month. She reported worsening symptoms with typing more than 45 minutes, driving more that 30 minutes and while eating and turning doorknobs. Objective findings include moderate to severe myospasm along the trapezius, scalenes and forearm extensors and positive Phalen's test bilaterally. The current medications list includes OTC pain medications. She had a MRI of the left shoulder dated 8-5-11 which revealed mild rotator cuff tendinopathy, moderate biceps tendinopathy, moderate biceps tendinopathy, moderate AC joint arthrosis, mild subdeltoid bursitis and degeneration of the superior and posterior labrum; Upper extremity EMG nerve conduction studies dated 1-24-12 with normal findings; cervical MRI dated 8/5/2011 which revealed multilevel disc protrusions and mild bilateral neural foraminal narrowing at C5-6. She has had physical therapy, chiropractic care, wrist brace and acupuncture for this injury. Request for authorization dated 9-23-15 was made for Consultation with a PM&R specialist (bilateral hands) and EMG NCV of the bilateral upper extremities. Utilization review dated 9-30-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with a PM&R specialist (bilateral hands): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC), Pain Procedure Summary (online version).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Q-- Consultation with a PM&R specialist (bilateral hands) Per the cited guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Per the records provided the patient had persistent bilateral hand numbness that has become more frequent in the past month. She reported worsening symptoms with typing more than 45 minutes, driving more than 30 minutes and while eating and turning doorknobs. The patient has objective findings on the physical exam- moderate to severe myospasm along the trapezius, scalenes and forearm extensors and positive Phalen's test bilaterally. The request of Consultation with a PM&R specialist (bilateral hands) is medically necessary for this patient to manage chronic bilateral hand symptoms.

**EMG/NCV of the bilateral upper extremities: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC), Neck & Upper Back Procedure Summary (Online version).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Q-- EMG/NCV of the bilateral upper extremities. Per the cited guidelines "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." She had upper extremity EMG nerve conduction studies dated 1-24-12 with normal findings; cervical MRI dated 8/5/2011 which revealed multilevel disc protrusions and mild bilateral neural foraminal narrowing at C5-6. Per the records provided the patient has worsening symptoms- persistent bilateral hand numbness that has become more frequent in the past month. She reported worsening symptoms with typing more than 45 minutes, driving more than 30 minutes and while eating and turning doorknobs. This is a significant change since the last electro-diagnostic study in 2012. The patient has objective findings on the physical exam- moderate to severe myospasm along the trapezius, scalenes and forearm extensors and positive Phalen's test bilaterally. The EMG/ NCV study would help to diagnose and differentiate between radiculopathy and peripheral neuropathy. The request of EMG/NCV of the bilateral upper extremities is medically necessary and necessary for this patient.