

Case Number:	CM15-0201298		
Date Assigned:	10/16/2015	Date of Injury:	09/24/2012
Decision Date:	12/14/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/14/2015

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: Massachusetts

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 48 year old female, who sustained an industrial injury on 9-24-2012. The medical records indicate that the injured worker is undergoing treatment for cervical intervertebral disc disorder with myelopathy, carpal tunnel syndrome, and right rotator cuff tear. According to the progress report dated 9-24-2015, the injured worker presented with complaints of right foot-ankle pain. On a subjective pain scale, she rates her pain 4-6 out of 10. The physical examination reveals decreased range of motion in the cervical spine. There is palpable tenderness over the shoulders at the supraspinatus, deltoids, and bicipital tendons. Tinel's and Phalen's test is positive, bilaterally. There is decreased sensation of the bilateral medium nerve distribution. The current medications are Tramadol. Previous diagnostic testing includes MRI studies. Treatments to date include medication management and physical therapy. Work status is described as temporarily totally disabled. The original utilization review (10-5-2015) had non-certified a request for EMG-NCV of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity Studies (EMG/NCV) of the upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) (2) Carpal Tunnel Syndrome (Acute & Chronic): Electrodiagnostic studies (EDS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury in September 2012. In August 2015 she had complaints of right foot and ankle pain, neck pain, and bilateral shoulder pain. She had right lower extremity numbness and tingling and had anxiety, stress, and insomnia. Physical examination findings included decreased cervical spine and shoulder range of motion. There was neck pain with cervical compression testing and decreased shoulder tension with cervical distraction. There was bilateral shoulder tenderness. Codman and supraspinatus testing was positive bilaterally. There was decreased median nerve distribution sensation with positive Tinel and Phalen tests. There was bilateral pronator teres muscle tenderness. Upper extremity electrodiagnostic testing is being requested for severe bilateral grip weakness. The claimant underwent a functional capacity evaluation on 07/15/15. Grip strength testing showed a 10% decrease in left and 21% increase in right grip strength since a prior evaluation on 05/01/15. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there are no upper extremity neurological complaints. Positive tests for carpal tunnel syndrome are documented without evidence of conservative treatment for this condition. Although a severe decrease in grip strength is referenced, the claimant's right grip strength has actually increased and there would be no need for testing the right upper extremity on this basis. For any of these reasons, the request is not medically necessary.