

Case Number:	CM15-0203952		
Date Assigned:	10/20/2015	Date of Injury:	03/18/2011
Decision Date:	12/02/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 62 year old female who sustained an industrial injury on 3-18-11. A review of the medical records indicates she is undergoing treatment for status post left knee surgery, cervical spondylosis without myelopathy, lateral epicondylitis of the elbows, carpal tunnel syndrome, tendinitis and bursitis of the hands and wrists, bursitis of the left knee, and left ankle sprain and strain. Medical records (8-31-15) indicate complaints of occasional "moderate" headaches, occasional "slight" pain in the cervical spine, occasional "moderate" pain in bilateral elbows, frequent "moderate" pain in bilateral wrists and hands, constant "severe" pain in the left knee, and constant "moderate to severe" pain in the left ankle and foot. The physical exam reveals "+1" spasm and tenderness in the bilateral paraspinal muscles from C4-C7 in the cervical spine, as well as in the suboccipital muscles and bilateral upper shoulder muscles. "+2" spasm and tenderness is noted of the bilateral lateral epicondyles. Cozen's and Phalen's tests were positive bilaterally. "+2" spasm and tenderness is noted in the bilateral anterior wrists and posterior extensor tendons. Tinel's test is positive bilaterally. Finkelstein's test is positive on the left. Bracelet test is positive bilaterally. The treating provider indicates Left wrist Jamar Dynamometer readings of 20-20-20 and the right wrist of 40-30-40. The injured worker is released to work with restrictions. The utilization review (10-7-15) includes a request for authorization of electromyography of right upper extremity. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of Right Upper Extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2015 Forearm, Wrist, and Hand, Electrodiagnostic Studies (EDS).

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

Decision rationale: Electromyography of the right upper extremity is medically necessary per the MTUS Guidelines. The MTUS states that 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. The MTUS states that appropriate electrodiagnostic studies (EDS) may help differentiate between carpal tunnel 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. Although prior electrodiagnostic testing revealed carpal tunnel syndrome, the patient continues to have persistent pain including cervical pain. It is reasonable to have EMG testing to evaluate if there is a coexisting cervical radiculopathy in this patient with neck and arm symptoms. This request is medically necessary.