

Case Number:	CM15-0205464		
Date Assigned:	10/22/2015	Date of Injury:	04/01/2013
Decision Date:	12/29/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/20/2015

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: Emergency 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 52 year old male, who sustained an industrial injury on 4-1-13. He reported bilateral wrist pain. The injured worker was diagnosed as having left olecranon and triceps tendonitis, left shoulder subacromial impingement syndrome, cervical strain with degenerative disc disease, rule out cervical radiculopathy, status post right carpal tunnel release, and status post left carpal tunnel release. Treatment to date has included right carpal tunnel release on 1-25-15, left carpal tunnel release and flexor tenosynovectomy on 8-24-15, occupational therapy, and medication including Norco. Electromyography and nerve conduction studies obtained on 9-11-14 were noted to have revealed moderate bilateral carpal tunnel syndrome more severe on the right. Physical examination findings on 9-14-15 included muscle guarding of the trapezius musculature, tenderness to palpation along the olecranon, and full right wrist range of motion. On 9-14-15, the injured worker complained of right wrist and hand pain, neck pain, right arm pain, left arm pain, left elbow pain, and left hand and wrist pain. On 9-17-15 the treating physician requested authorization for electromyography of the left and right upper extremities and nerve conduction studies of the right and left upper extremities. On 9-22-15 the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of left upper extremity: Upheld

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

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

Decision rationale: The request is for an EMG of the left upper extremity with diagnosis including cervical strain with degenerative disc disease and bilateral carpal tunnel syndrome with surgical release performed. The MTUS guidelines states that in patients who have definite findings of neurologic dysfunction, imaging studies are warranted. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. This would include Electromyography (EMG) or Nerve conduction velocities (NCV) to help identify subtle nerve dysfunction in patients with neck or arm symptoms lasting more than three or four weeks. In this case, the patient has already had an MRI performed of the cervical spine on 11/20/2014 which showed C5-C6 5mm disc protrusion. On physical exam, there are no new findings of neurologic deficits seen. Due to a recent imaging study performed with no physical exam findings of new neurologic deficits seen, an EMG of the left upper extremity is not medically necessary.

Nerve conduction study (NCS) of right upper extremity: Upheld

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

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

Decision rationale: The request is for an NCS of the right upper extremity with diagnosis including cervical strain with degenerative disc disease and bilateral carpal tunnel syndrome with surgical release performed. The MTUS guidelines states that in patients who have definite findings of neurologic dysfunction, imaging studies are warranted. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. This would include Electromyography (EMG) or Nerve conduction velocities (NCV) to help identify subtle nerve dysfunction in patients with neck or arm symptoms lasting more than three or four weeks. In this case, the patient has already had an MRI performed of the cervical spine on 11/20/2014 which showed C5-C6 5mm disc protrusion. On physical exam, there are no new findings of neurologic deficits seen. Due to a recent imaging study performed with no physical exam findings of new neurologic deficits seen, an NCS of the right upper extremity is not medically necessary.

NCS of left upper extremity: Upheld

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

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

Decision rationale: The request is for an NCS of the left upper extremity with diagnosis including cervical strain with degenerative disc disease and bilateral carpal tunnel syndrome with surgical release performed. The MTUS guidelines states that in patients who have definite findings of neurologic dysfunction, imaging studies are warranted. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. This would include Electromyography (EMG) or Nerve conduction velocities (NCV) to help identify subtle nerve dysfunction in patients with neck or arm symptoms lasting more than three or four weeks. In this case, the patient has already had an MRI performed of the cervical spine on 11/20/2014 which showed C5-C6 5mm disc protrusion. On physical exam, there are no new findings of neurologic deficits seen. Due to a recent imaging study performed with no physical exam findings of new neurologic deficits seen, an NCS of the left upper extremity is not medically necessary.

EMG of right upper extremity: Upheld

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

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

Decision rationale: The request is for an EMG of the right upper extremity with diagnosis including cervical strain with degenerative disc disease and bilateral carpal tunnel syndrome with surgical release performed. The MTUS guidelines states that in patients who have definite findings of neurologic dysfunction, imaging studies are warranted. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. This would include Electromyography (EMG) or Nerve conduction velocities (NCV) to help identify subtle nerve dysfunction in patients with neck or arm symptoms lasting more than three or four weeks. In this case, the patient has already had an MRI performed of the cervical spine on 11/20/2014 which showed C5-C6 5mm disc protrusion. On physical exam, there are no new findings of neurologic deficits seen. Due to a recent imaging study performed with no physical exam findings of new neurologic deficits seen, an EMG of the right upper extremity is not medically necessary.