

Case Number:	CM15-0220430		
Date Assigned:	11/13/2015	Date of Injury:	01/01/2005
Decision Date:	12/23/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/09/2015

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: New Jersey, New York

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:

The injured worker is a 62 year old female, who sustained an industrial injury on 1-1-2005. Diagnoses include peripheral neuropathy, lumbar disc degeneration, carpal tunnel syndrome, cubital tunnel syndrome, depression, multiple right rotator cuff tears, status post bilateral carpal tunnel releases, and status post bilateral ulnar nerve releases, and right status post right rotator cuff repair. Treatments to date include activity modification, medication therapy, and physical therapy, and therapeutic injection. On 5-13-15, she complained of ongoing pain in the neck with radiation to bilateral upper extremities and numbness, tingling and weakness of right hand and right arm. The record documented significant relief status post right shoulder rotator cuff repair on 8-6-14, and on 3-6-15, was found to have right side partial biceps tendon tear. The records further indicated she was awaiting authorization for "more therapy and Electromyogram (EMG) of bilateral upper extremities" secondary to "increasing radicular pain in right upper extremity" and "numbness and tingling as well as uncontrolled motor movement." The record documented prior electromyogram and nerve conduction studies (EMG/NCS) were completed on 9-21-10., 6-13-12 and on 2-17-14. On re-evaluations from 6-through 10-21-15, the records continued to request EMG of right upper extremity due to increased numbness, tingling, and uncontrolled motor movement of right arm despite physical therapy and therapeutic injections. The physical examination documented cervical tenderness and decreased range of motion. There was decreased range of motion to the right shoulder. There was decreased strength and decreased sensation noted to the right upper extremity. The appeal requested authorization for electromyogram and nerve conduction studies (EMG/NCS) of the right upper extremity. The Utilization Review dated 11-3-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of right upper extremities: Overturned

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

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

Decision rationale: The request for EMG/NCS of the upper right extremity is medically necessary. As per MTUS guidelines, special studies are not needed until 4-6 weeks of conservative care and observation. The patient had electrodiagnostic testing in 2014 showing mild bilateral carpal tunnel syndrome. However, as of 10/2015, the patient has had worsening numbness, tingling, and uncontrolled movement despite conservative therapy. On exam, the patient had decreased pain and sensation of right upper extremity. For these reasons, with the progression of neurological symptoms, I am reversing the UR decision and consider a repeat EMG/NCS medically necessary.