

Case Number:	CM15-0035571		
Date Assigned:	03/04/2015	Date of Injury:	11/12/2012
Decision Date:	04/08/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/25/2015

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: Arizona, 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:

The injured worker is a 63-year-old male, who sustained an industrial injury on 11/12/2012. He has reported an automobile accident resulting in neck and bilateral upper extremity pain. The diagnoses have included degenerative disc disease, cervical spine, carpal tunnel and cubital tunnel syndrome, and status post volar plate, metacarpal phalangeal joint repair of the left hand. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, steroid epidural injections of cervical spine, and physical therapy. Currently, the IW complains of neck pain associated with radiation down right arm. The physical examination decreased Range of Motion (ROM) with extension and rotation, Positive Tinel's sign in the right wrist with bilateral numbness and tingling of upper extremities. The Magnetic Resonance Imaging (MRI) from 1/22/15 was significant for cervical stenosis at multiple levels with root compression. He was status post cubital and carpal tunnel release with left thumb reconstruction 10/3/13 with residual weakness and numbness in the left hand. The provider documented concern for double crush syndrome with severe stenosis C5-6 and C6-7. The physician documented that the symptoms are cervical in origin and are the "cluprits." The plan of care was for bilateral electro-myogram and nerve conduction studies for upper extremities to rule out peripheral involvement. On 2/11/2015 Utilization Review non-certified an electro-myogram and nerve conduction studies (EMG/NCS) to bilateral upper extremities, noting the testing is not medically necessary when results are clinically obvious. The MTUS and ODG Guidelines were cited. On 2/25/2015, the injured worker submitted an application for IMR for review of electro-myogram and nerve conduction studies (EMG/NCS) to bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyographic (EMG) Left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines special studies and diagnostic and treatment consideration EMG and NCV.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the guidelines, and EMG is not recommended for evaluation for nerve entrapment in those without symptoms. It is recommended for in the medial or ulnar nerve impingement after failure of conservative treatment. In this case, the claimant already had a diagnosis of carpal tunnel and cubital tunnel syndrome with surgical intervention. The EMG would not change the management or provide additional information that would change intervention. The physician highly suspected pathology and symptoms to be cervical in nature. Therefore, the EMG of the left upper extremity is not medically necessary.

Electromyographic (EMG) right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines special studies and diagnostic and treatment consideration EMG and NCV.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the guidelines, and EMG is not recommended for evaluation for nerve entrapment in those without symptoms. It is recommended for in the medial or ulnar nerve impingement after failure of conservative treatment. In this case, the claimant already had a positive Tinel's and Phalen's indicating carpal tunnel symptoms (as diagnosed in bilateral hands) The EMG would not change the management or provide additional information that would change intervention. The physician highly suspected pathology and symptoms to be cervical in nature. Therefore, the EMG of the right upper extremity is not medically necessary.

Nerve conduction velocity (NCV) right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines special studies and diagnostic and treatment consideration EMG and NCV.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the guidelines, and NCV is not recommended for evaluation for nerve entrapment in those without symptoms. It is recommended for in the medial or ulnar nerve impingement after failure of conservative treatment. In this case, the claimant already had a positive Tinel's and Phalen's indicating carpal tunnel symptoms (as diagnosed in bilateral hands) The NCV would not change the management or provide additional information that would change intervention. The physician highly suspected pathology and symptoms to be cervical in nature. Therefore, the NCV of the right upper extremity is not medically necessary.

Nerve conduction velocity (NCV) left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines special studies and diagnostic and treatment consideration EMG and NCV.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the guidelines, and NCV is not recommended for evaluation for nerve entrapment in those without symptoms. It is recommended for in the medial or ulnar nerve impingement after failure of conservative treatment. In this case, the claimant already had a diagnosis of carpal tunnel and cubital tunnel syndrome with surgery. The NCV would not change the management or provide additional information that would change intervention. The physician highly suspected pathology and symptoms to be cervical in nature. Therefore, the NCV of the left upper extremity is not medically necessary.