

Case Number:	CM15-0052801		
Date Assigned:	04/16/2015	Date of Injury:	02/09/2012
Decision Date:	05/15/2015	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/23/2014

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: Preventive Medicine, Occupational 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 54 year old female, who sustained an industrial injury on February 9, 2012. She reported twisting her body as she fell while injuring her right foot. The injured worker was diagnosed as having cervical sprain, bilateral carpal tunnel syndrome, lumbar radiculopathy and derangement of joint not otherwise specified of the bilateral shoulders. Treatment to date has included diagnostic studies, physical therapy, orthotics and medications. On July 3, 2014, the injured worker complained of pain in her cervical spine, shoulders, hands/wrists and lumbar spine. The continuous pain in her shoulders travels down her arms and upper back. She has a popping, clicking and grinding sensation in the shoulder. Her bilateral wrist/hand pain radiates into the fingers with noted episodes of swelling, numbness and tingling as well as cramping and weakness. She reported to drop several objects. Her pain increases with reaching, moving her arm backwards, lifting her upper extremity above shoulder level, gripping, grasping, flexing/extending, rotating and repetitive hand and finger movements. The treatment plan included an EMG/NCS to rule out carpal tunnel syndrome versus cervical radiculopathy, an MRI of the neck and low back to rule out herniated disc and an MRI of the shoulder to rule out rotator cuff tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. The history and physical exam indicate cervical radiculopathy. I am reversing the previous utilization review decision. Nerve conduction studies are medically necessary.