

Case Number:	CM15-0060255		
Date Assigned:	04/06/2015	Date of Injury:	09/10/2013
Decision Date:	05/05/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/30/2015

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 33 year old male who sustained an industrial injury on 9/10/13 while lifting cases of beverages when he had immediate inability to move his right arm and hand with severe pain. At that time, he had x-rays and nerve testing, physical therapy and pain medications. He currently complains of right shoulder pain and left lower extremity pain starting in the hip. His pain intensity at rest is 2-4/10 and with activity 7/10. Diagnoses include status post right carpal tunnel syndrome release (1/23/14); hand weakness. Treatments to date include acupuncture offering significant relief of pain, physical therapy which helped; pain medication which did not help; carpal tunnel surgery, noted above, which did not help; cortisone injection 1/28/15 right shoulder with improvement. Diagnostics include MRI cervical spine (6/26/14) unremarkable. Patient had prior electrodiagnostic studies in 2013 and is post carpal tunnel release on 1/23/14. In the progress note dated 3/2/15 the treating provider's documents patient had numbness and lack of coordination from elbow to hands on right side. Atypical issues of shift of symptoms from right hand to left lower extremity with claims of coordination problems. Objective exam shows no atrophy in hands, full range of motion, limited exam due to guarding with hard to interpret Durkan and Phalen's test. Patient has normal coordination. Plan of care included new neuro-diagnostic study for his upper extremities. He exhibits problems with coordination and sensation in the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of bilateral upper extremities, per 3/9/15 order Qty: 2.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, Carpal tunnel Syndrome, Electrodiagnostic studies; Neck and Upper Back, Electrodiagnostic studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam is consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. Pt has not had any documented changes in neurological exam or complaints. There is no exam or signs consistent with radiculopathy with an MRI from 6/14 that was negative for any radiculopathy. There is no rationale about why testing is requested for a chronic condition. EMG is not medically necessary.

NCS of bilateral upper extremities, per 3/9/15 order Qty: 2.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, Carpal tunnel Syndrome, Electrodiagnostic studies; Neck and Upper Back, Electrodiagnostic studies.

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

Decision rationale: As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat "routine" evaluation of patients for nerve entrapment. It is recommended in cases where there are signs of median or ulnar nerve entrapment. There is no change in physical exam. Symptoms and exam has been chronically the same since carpal tunnel release. Patient already has a diagnosis of carpal tunnel syndrome and a prior NCS from 2013. There is no rationale provided for repeat test. NCS is not medically necessary.

Consultation with Orthopedic, bilateral upper extremities to review EMG/NCS results, per 3/9/15 order Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment Page(s): 1 and 92.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. Testing requested is not medically necessary from utilization review and this Independent Medical Review; therefore there is no need to consult Orthopedics concerning results or a test that is not going to be done. Orthopedic consultation is not medically necessary.