MAXIMUS Federal Services

Case Number:	CM15-0080820		
Date Assigned:	05/01/2015	Date of Injury:	11/04/2013
Decision Date:	06/04/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/27/2015

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, Texas, New Mexico
Certification(s)/Specialty: Anesthesiology

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 45 year old female, who sustained an industrial injury on November 4, 2013. She reported right and left hand numbness, aggravated by keyboarding, using telephone, and driving. The injured worker was diagnosed as having left carpal tunnel syndrome, right carpal tunnel syndrome, and neck muscle strain. Treatment to date has included MRI, electromyography (EMG)/nerve conduction study (NCS), left carpal tunnel release, right carpal tunnel release, home exercise program, occupational therapy, splinting, and medication. Currently, the injured worker complains of bilateral hand pain and numbness, and right neck pain. The Treating Physician's report dated March 19, 2015, noted the injured worker reported increased forearm pain despite occupational therapy. The injured worker was noted to have postop increased neuropathic pain (dysesthesia and hyperalgesia) in the left middle and ring ringers, with deficits in grip strength bilaterally. The Physician noted the history and physical were consistent with bilateral carpal tunnel syndrome, possible recurrence, and cervical strain. The treatment plan was noted to include a request for bilateral nerve conduction study (NCS)/ electromyography (EMG), continued Lidocaine ointment and Ibuprofen, and continued home exercise program (HEP) occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269 and 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2014, Carpal Tunnel Syndrome; Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178, 268-269, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand (acute and Chronic) EDS and Other Medical Treatment Guidelines Electrodiagnostic testing of nerves and muscles: When, why, and how to order. Chemali KR, Tsao B. Cleve Clin J Med. 2005 Jan;72(1): 37-48.

Decision rationale: This is a request for Electromyography (EMG) of the left upper extremity. According to the ACOEM and ODG guidelines Electrodiagnostic studies including EMG testing is recommended for diagnosis or prognosis of nerve trauma or nerve lesions. Electrodiagnostic testing includes testing for Nerve Conduction Velocities and Electromyography (EMG). In this case the patient has had previous bilateral carpal tunnel surgery and now has a clinical examination that is unclear. The patient potentially has a diagnosis that may include muscle or nerve dysfunction. Sometimes electrodiagnostic studies are used to identify nerve compromise if the neurologic examination is unclear or equivocal. Typically these tests are performed to evaluate for nerve damage or compromise prior to ordering imaging studies such as MRI, which is typically utilized to help define a potential cause of nerve impairment. There is documented evidence of indication for repeated electromyography. There are physical examination findings consistent with potential progressive neurologic changes, motor and sensory. In addition, according to the Cleveland Clinic Journal of Medicine, the needle electrode examination is a very powerful addition to nerve conduction studies for the diagnosis of radiculopathies. In cases such as this, electrodiagnostic testing including EMG is recommended. Therefore the above listed issue IS considered medically necessary.

EMG right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269 and 272. Decision based on Non-MTUS Citation ODG, Treatment Index, 11th Edition (Web), 2014, Carpal Tunnel Syndrome; Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178, 268-269, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand (Acute and Chronic) EDS and Other Medical Treatment Guidelines Electrodiagnostic testing of nerves and muscles: When, why, and how to order. Chemali KR, Tsao B. Cleve Clin J Med. 2005 Jan; 72(1): 37-48.

Decision rationale: This is a request for EMG of the right upper extremity. According to the ACOEM and ODG guidelines Electrodiagnostic studies including EMG testing is recommended for diagnosis or prognosis of nerve trauma or nerve lesions. Electrodiagnostic testing includes testing for Nerve Conduction Velocities and Electromyography (EMG). In this case the patient has had previous bilateral carpal tunnel surgery and now has a clinical examination that is unclear. The patient potentially has a diagnosis that may include muscle or nerve dysfunction. Sometimes electrodiagnostic studies are used to identify nerve compromise if the neurologic examination is unclear or equivocal. Typically these tests are performed to evaluate for nerve damage or compromise prior to ordering imaging studies such as MRI, which is typically utilized to help define a potential cause of nerve impairment. There is documented evidence of indication for repeated electromyography. There are physical examination findings consistent with potential progressive neurologic changes, motor and sensory. In addition, according to the Cleveland Clinic Journal of Medicine, the needle electrode examination is a very powerful addition to nerve conduction studies for the diagnosis of radiculopathies. In cases such as this, electrodiagnostic testing including EMG is recommended. Therefore the above listed issue IS considered medically necessary.