

Case Number:	CM14-0122925		
Date Assigned:	09/16/2014	Date of Injury:	05/31/2012
Decision Date:	11/18/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Anesthesiologist, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Please provide a one paragraph summary of the relevant clinical issues with a diagnosis or diagnoses relevant to the disputed issue(s). Your summary may be posted on the DWC website for public viewing so please avoid any inflammatory language or disparaging remarks about any aspect of the medical care or claims processes. The patient is a 42-year-old male who has submitted a claim for bilateral median neuropathy associated with an industrial injury date of 05/31/2012. Medical records from 12/26/2013 to 05/20/2014 were reviewed and showed that patient complained of right wrist/hand pain graded 5/10 with no associated numbness or tingling. There was no complaint of right hand pain. Physical examination revealed decreased sensation over right ulnar nerve distribution and positive Tinel's test. Complete evaluation of left upper extremity was not made available. EMG/NCV of bilateral upper extremities dated 12/13/2013 revealed bilateral median neuropathy. Treatment to date has included physical therapy, TENS, HEP, and pain medications. Utilization review dated 07/03/2014 denied the request for EMG/NCV of bilateral upper extremity because the clinical documentation submitted for review does not support the requested electrodiagnostic study.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment

Integrated Treatment/Disability Duration Guidelines Electrodiagnostic Testing (EMG/NCS) Pain Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, there was no complaint of left hand/wrist pain. Complete evaluation of the left upper extremity was not made available. The medical necessity cannot be established due to insufficient information. Of note, EMG/NCV of bilateral upper extremities was done on 12/13/2013 with results of bilateral median neuropathy. It is unclear as to why a repeat EMG is needed. Therefore, the request for EMG OF LEFT UPPER EXTREMITY is not medically necessary.

NCV OF RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Integrated Treatment/Disability Duration Guidelines Electrodiagnostic Testing (EMG/NCS) Pain Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Studies Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

Decision rationale: CA MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled "Nerve Conduction Studies in Polyneuropathy" cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the patient complained of right wrist pain with no associated numbness or tingling. Physical findings include decreased sensation over right ulnar nerve distribution and positive Tinel's test. However, the patient's clinical manifestations were inconsistent with symptoms of neuropathy to support NCV. Of note, EMG/NCV of bilateral upper extremities was done on 12/13/2013 with results of bilateral median neuropathy. It is

unclear as to why a repeat NCV is needed. Therefore, the request for NCV OF RIGHT UPPER EXTREMITY is not medically necessary.

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atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient complained of right wrist pain with no associated numbness or tingling. Physical findings include decreased sensation over right ulnar nerve distribution and positive Tinel's test. However, the patient's clinical manifestations were inconsistent with a focal neurologic deficit to support EMG. Of note, EMG/NCV of bilateral upper extremities was done on 12/13/2013 with results of bilateral median neuropathy. It is unclear as to why a repeat EMG is needed. Therefore, the request for EMG OF RIGHT UPPER EXTREMITY is not medically necessary.