

Case Number:	CM14-0164564		
Date Assigned:	10/09/2014	Date of Injury:	01/20/2000
Decision Date:	11/04/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/07/2014

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 Occupational Medicine and is licensed to practice in California. 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:

The injured worker is a 58 year old female with a date of injury on 1/20/2000. The mechanism of injury was not specified. She was diagnosed with (a) rotator cuff tear, (b) shoulder impingement and (c) carpal tunnel syndrome. She has had separate shoulder surgery as well as recent knee replacement. In a progress note dated 9/11/14 it was indicated that she has been seen a few time for her carpal tunnel symptoms on the right. She complained of numbness and tingling sensation in right index, long finger and ring finger which has become more prominent. She reported that her pain bothered her mostly at night and woke her up with sleeping at this time. She has had her previous nerve study four years ago and she had a carpal tunnel injection on the right which she felt was helpful for over two years. It was also indicated that she has used neutral wrist splints in the past and was to start to use it again. She also complained of chronic neck pain which goes down her arms with shooting pain. On examination of the cervical spine motion was noted to be limited in all planes due to pain, Spurling's exam on the right elicited neck pain which radiated into the right arm was noted, Neural tension test also caused some pain in the bilaterally upper extremities and overall strength throughout the upper extremities was noted to be at 4/5 and equal. On examination of the right hand, Tinel's sign was positive on the wrist, Phalen's was positive, grip was fair to good and was slightly decreased compared to the left. Authorization for electromyography (EMG)/nerve conduction studies (NCS) of the bilateral upper extremities was requested. This is a review of the requested electromyography (EMG)/nerve conduction studies (NCS) of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG)/nerve conduction velocity (NCV) exams of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Studies

Decision rationale: The medical records received have limited information to support the necessity of the nerve conduction studies of the bilateral upper extremities. There is lack of documentation of objective findings of neurologic deficits and/or compromise such as decreased sensation, decreased reflexes in the bilateral upper extremities which can support the injured worker's complaints of radicular pain as well as numbness and tingling sensation in the bilateral upper extremities. Furthermore, the American College of Occupational and Environmental Medicine (ACOEM) Guidelines states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. Additionally for the request for nerve conduction velocity (NCV) studies, the Official Disability Guidelines (ODG) indicated that nerve conduction studies are not recommended. Therefore, it can be concluded that the requested electromyography/nerve conduction studies of bilateral extremities is not medically necessary at this time.