

Case Number:	CM14-0211733		
Date Assigned:	12/24/2014	Date of Injury:	11/16/2012
Decision Date:	02/20/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/17/2014

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: Physical Medicine & Rehabn

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 36-year-old female who reported injury on 11/16/2012. The mechanism of injury was not provided. She was diagnosed with cervical radiculopathy. Her past treatments were noted to include medications. On 11/05/2014, the injured worker reported continued wrist pain. She also reported clumsiness in her hands and night pain. On physical examination, she was noted to have a positive Phalen's and reverse Phalen's test. It was also noted that the injured worker reported neck pain which is radiating into the upper extremities. Her current medications were not provided. The treatment plan was noted to include medication refills and request for neurodiagnostic studies of the upper extremities to evaluate the presence of carpal tunnel syndrome. A Request for Authorization was submitted on 11/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand; Carpal Tunnel Syndrome

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for EMG of the right upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. More specifically, the guidelines state electromyography and nerve conduction velocity, including H-reflex test may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. The clinical documentation submitted for review does not provide evidence of significant neurological deficits to show medical necessity for the requested EMG. Additionally, there is no indication that the injured worker has tried and failed conservative care for at least 3 to 4 weeks. Given the above information, the request is not supported by the guidelines. As such, the request for EMG of the right upper extremity is not medically necessary.

Electromyography (EMG) of Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand; Carpal Tunnel Syndrome

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for EMG of the left upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. More specifically, the guidelines state electromyography and nerve conduction velocity, including H-reflex test may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. The clinical documentation submitted for review does not provide evidence of significant neurological deficits to show medical necessity for the requested EMG. Additionally, there is no indication that the injured worker has tried and failed conservative care for at least 3 to 4 weeks. Given the above information, the request is not supported by the guidelines. As such, the request for EMG of the left upper extremity is not medically necessary.

Nerve Conduction Velocity (NCV) of the Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand; Carpal Tunnel Syndrome

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for NCV of the right upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. More specifically, the guidelines state electromyography and nerve conduction velocity, including H-reflex test may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. The clinical documentation submitted for review does indicate that the injured worker had a positive Phalen's and reverse Phalen's test; however, there was no physical findings indicative of carpal tunnel to show medical necessity for the requested service. Additionally, there is no indication that the injured worker has tried and failed conservative care for at least 3 to 4 weeks. Given the above information, the request is not supported by the guidelines. As such, the request for NCV of the right upper extremity is not medically necessary.

Nerve Conduction Velocity of the Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand; Carpal Tunnel Syndrome

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for NCV of the left upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. More specifically, the guidelines state electromyography and nerve conduction velocity, including H-reflex test may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. The clinical documentation submitted for review does indicate that the injured worker had a positive Phalen's and reverse Phalen's test; however, there was no physical findings indicative of carpal tunnel to show medical necessity for the requested service. Additionally, there is no indication that the injured worker has tried and failed conservative care for at least 3 to 4 weeks. Given the above information, the request is not supported by the guidelines. As such, the request for NCV of the left upper extremity is not medically necessary.