

Case Number:	CM14-0212354		
Date Assigned:	01/02/2015	Date of Injury:	01/03/2014
Decision Date:	02/28/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/18/2014

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 & Rehabilitation

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 patient is a 30-year-old male with a date of injury of 01/03/2014. According to progress report dated 11/24/2014, the patient present with persistent constant pain in the neck and upper back with persistent bilateral hand and wrist tingling, numbness, an paresthesia. The patient also reports nocturnal paresthesia and weakness. Examination of the cervical spine revealed tenderness to palpation with slight spasm in the suprascapular area. Flexion is 10 degrees and extension is 70 degrees with noted pain. Examination of the thoracic spine revealed tenderness to palpation to the upper thoracic area with slight spasm noted. Range of motion was decreased with pain. Examination of the bilateral hand/wrist documented soreness to palpation, no swelling, no effusion, decreased sensation over the median nerve distribution with positive Tinel's and Phalen's test. The listed diagnoses are: 1. Bilateral carpal tunnel syndrome. 2. Cervical sprain/strain. 3. Thoracic spine sprain/strain. The patient is to return to modified work on 11/24/2014. Recommendation was for bilateral upper extremity electronic studies including EMG and nerve conduction studies. The utilization review denied the request on 12/10/2014. Treatment reports from 06/04/2014 through 11/24/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat EMG/NCS of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Pain, Electrodiagnostic Testing (EMG/NCS) and on the Non-MTUS The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM), Minimum Standards for electrodiagnostic studies

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Electrodiagnostic Studies

Decision rationale: This patient presents with cervical and thoracic spine complaints with upper extremity numbness, tingling, and paresthesia. The current request is for repeat EMG/NCV of the bilateral upper extremities. According to progress report dated 11/24/2014, the patient has already had an EMG on 08/07/2014 "which were normal." The treating physician states that he does have clinical carpal tunnel and "I do not mind repeating the studies as recommended by [REDACTED] in his QME report dated 09/25/2014." ACOEM Guidelines page 262 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The ODG guidelines state that EMG is recommended as an option in selected cases. ODG further states regarding EDX and Carpal Tunnel Syndrome, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." In this case, there is no documentation of progressive neurological changes affecting the upper extremities to warrant a repeat EMG. The requested EMG/NCS is not medically necessary.