

Case Number:	CM14-0214322		
Date Assigned:	12/31/2014	Date of Injury:	05/09/2007
Decision Date:	03/03/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/22/2014

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 53 year old female with an injury date on 05/09/2007. Based on the 10/01/2014 progress report provided by the treating physician, the diagnoses are: 1. Myofascial sprain and strain of the cervical spine. 2. Status post cervical-spinal-fusion. 3. Cervical degenerative disc disease. 4. Cervical radiculopathy. 5. Bilateral wrist pain left greater than right. 6. Possible carpal tunnel syndrome. According to this report, the patient complains of "pain in the neck and both upper extremities, especially both wrists" with "increasing bilateral hand numbness." The patient also notices "pain radiating into the neck and into the shoulders." Pain is rated as a 3/10; with medication pain is a 2/10 and without medications pain is a 4-5/10. Physical exam reveals tenderness along the cervical paraspinal muscles with minimal stiffness and over the MP and PIP joints of the bilateral wrist. Range of motion of the cervical spine is restricted and painful in all directions. Range of motion of the bilateral wrist is painful with no restriction. Tinel's is positive in the bilateral wrists. Radicular pain is noted in the C6-C7 distribution, left greater than right. The examination findings remain unchanged from the 08/19/2014 report. The treatment plan is to continue with current medications, may consider an EMG and NVC of both upper extremities, continue use of left wrist splint, continue with home exercise, and patient is to return in 4 weeks for follow up visit. The patient's work status is "working full duty." There were no other significant findings noted on this report. The utilization review denied the request for EMG/NCV of the left and right upper extremity on 12/10/2014 based on the ACOEM guidelines. The requesting physician provided treatment reports from 06/18/2014 to 10/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Left Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Web Edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 178,260-262.

Decision rationale: According to the 10/01/2014 report, this patient presents with "pain in the neck and both upper extremities, especially both wrists" with "increasing bilateral hand numbness." The current request is for EMG/NCV Left Upper Extremity. The Utilization Review denial letter states "There is insufficient historical/mechanistic information regarding the development of carpal tunnel syndrome, C5-6 radiculopathy or other neurologic dysfunction. Clinical information presented does not support the request." Regarding electrodiagnostic studies, the ACOEM supports it for upper extremities to differentiate CTS vs. radiculopathy and other conditions. Review of the provided reports does not show evidence of prior EMG/NCV of the upper extremity. In this case, the patient presents with numbness and decreased sensation in the upper extremity. The requested EMG/NCV of the left upper extremity is reasonable and is supported by the guidelines. Therefore, the current request IS medically necessary.

EMG/ NCV Right Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG Web Edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: According to the 10/01/2014 report, this patient presents with "pain in the neck and both upper extremities, especially both wrists" with "increasing bilateral hand numbness." The current request is for EMG/NCV Right Upper Extremity. The Utilization Review denial letter states "There is insufficient historical/mechanistic information regarding the development of carpal tunnel syndrome, C5-6 radiculopathy or other neurologic dysfunction. Clinical information presented does not support the request." Regarding electrodiagnostic studies, the ACOEM supports it for upper extremities to differentiate CTS vs. radiculopathy and other conditions. Review of the provided reports does not show evidence of prior EMG/NCV of the upper extremity. In this case, the patient presents with numbness and decreased sensation in the upper extremities. The requested EMG/NCV of the right upper extremity is reasonable and is supported by the guidelines. Therefore, the current request IS medically necessary.

