

Case Number:	CM14-0217054		
Date Assigned:	01/06/2015	Date of Injury:	02/01/2012
Decision Date:	06/22/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/29/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 60 year old female, who sustained an industrial injury on 2/1/2012. She reported striking her left hand. Diagnoses have included carpal tunnel syndrome and unspecified neuralgia, neuritis and radiculitis. Treatment to date has included bilateral carpal tunnel release surgery, occupational therapy, medication and a brace. According to the progress report dated 10/23/2014, the injured worker complained pain throughout both upper extremities greatest in the right hand. She had numbness and tingling in the index and middle fingers bilaterally. Physical exam revealed mild tenderness to palpation at the volar distal forearm bilaterally. She was on modified work status. It was noted that electrodiagnostic testing from 5/21/2013 revealed moderate to severe entrapment of the right median nerve and moderate swelling of the left median nerve. Authorization was requested for electromyography (EMG)/nerve conduction velocity (NCV) 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:

Initial EMG of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 11/18/14) Electromyography (EMG).

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

Decision rationale: Initial EMG of the bilateral upper extremities is not medically necessary per the MTUS Guidelines. The MTUS states that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The documentation does not indicate evidence of focal neurologic function on physical exam therefore this request is not medically necessary.

Initial NCV 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 Neck & Upper Back Nerve conduction studies (NCS).

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

Decision rationale: Initial NCV of the bilateral upper extremities is not medically necessary per the MTUS Guidelines. The MTUS states that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The documentation does not indicate evidence of focal neurologic function on physical exam therefore this request is not medically necessary.