

Case Number:	CM15-0006833		
Date Assigned:	01/26/2015	Date of Injury:	06/01/2011
Decision Date:	03/19/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/13/2015

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:

This 50-year-old female worker sustained injuries on 6/1/11. The progress report dated 7/17/14 lists her diagnoses as cervical spine sprain/strain, bilateral shoulder tendonitis, bilateral carpal tunnel syndrome and lumbar spine herniated nucleus pulposus. The 12/8/14 PR2 states she is diagnosed with lumbar spine strain/sprain, herniated nucleus pulposus and bilateral wrist strain. Previous treatments include cold therapy, NSAIDs, topical medications, wrist splints and physical and chiropractic therapy. The treating provider requests an EMG/NCS of the bilateral upper extremities. The Utilization Review on 12/23/14 non-certified an EMG/NCS of the bilateral upper extremities, citing the ODG Integrated Treatment/Disability Duration Guidelines Forearm, Wrist and Hand (Acute and Chronic) Online Version; the previous EMG was normal in 9/2013 and no new symptoms were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/ NCS 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 Treatment, Integrated Treatment/Disability Duration Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation neck and upper back (acute and chronic) chapter, EMG

Decision rationale: The patient was injured on 06/01/11 and presents with lumbar spine strain/sprain, herniated nucleus pulposus and bilateral wrist strain. The request is for an EMG/NCS BILATERAL UPPER EXTREMITIES. The RFA is dated 12/08/14 and the patient is to remain off of work. She had a prior EMG done in September 2013 which was normal. ACOEM Guidelines page 262 states: appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions such as cervical radiculopathy. This may include nerve conduction studies (NCS) or in more difficult cases, electromyography (EMG) may be helpful. EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later and the course of treatment if symptoms persist. ODG Guidelines on the neck and upper back (acute and chronic) chapter under the section called EMG states that EMG is recommended as an option in select cases. ODG further states regarding EDS in carpal tunnel syndrome recommended in patients with clinical signs of CTS and may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), with the additional electromyography (EMG) is not generally necessary. The reason for the request is not provided. The 10/29/14 MRI of the right wrist revealed a subchondral cyst at the head of 3rd metacarpal and lunate as well as a small cyst at capitate and hamate. It does not appear that there are any progressive neurologic deficit to warrant a repeat electrodiagnostics. The patient already had a set of studies. The requested EMG/NCV of the bilateral upper extremities IS NOT medically necessary.