

Case Number:	CM15-0111168		
Date Assigned:	06/17/2015	Date of Injury:	09/08/2009
Decision Date:	07/16/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/09/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 62 year old female sustained an industrial injury to bilateral hands and wrists on 9/8/09. Previous treatment included right wrist endoscopy with carpal tunnel release (2009). In a PR-2 dated 4/20/15, the injured worker complained of pain and numbness in both hands. The injured worker also complained of losing her grip in both hands since 2009. Physical exam was remarkable for right bilateral upper extremities with positive Tinel's, Phalen's and Flick test, decreased grip strength, and slightly decreased sensation to the left thumb, index and middle fingers. Current diagnoses included carpal tunnel syndrome. The treatment plan included electromyography/nerve conduction velocity test of bilateral upper extremities and magnetic resonance imaging of right and wrist to evaluate for incomplete carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral EMG upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, EMG of the bilateral upper extremities is not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal finding that identifies specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathies if other diagnoses may be likely based on physical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic property or some problem other than cervical radiculopathy. The guidelines recommend EMGs in cases where diagnosis is difficult with nerve conduction studies under the carpal tunnel syndrome section of the Official Disability Guidelines. In this case, the injured worker's working diagnosis is carpal tunnel syndrome. The date of injury is September 8, 2009. The request for authorization is May 21, 2015. The medical record contains 20 pages. A single progress note dated April 20, 2015 is contained in the documentation. The injured worker has ongoing pain and numbness in the bilateral hands. The injured worker had a right wrist endoscopic surgical procedure in 2009. The injured worker complains of pain and numbness since 2009. There are no prior EMG or NCV studies in the medical record. There is no documentation of conservative treatment prior to the request. There are no medications listed in the medical record. The guidelines recommend EMGs in cases where diagnosis is difficult with nerve conduction studies under the carpal tunnel syndrome section of the Official Disability Guidelines. There is no documentation of nerve conduction velocity studies with difficulty in establishing the diagnosis. Consequently, absent clinical documentation with prior work up, EMG/NCVs, conservative treatment, current medications, EMG of the bilateral upper extremities is not medically necessary.