

Case Number:	CM15-0113772		
Date Assigned:	06/22/2015	Date of Injury:	01/08/2015
Decision Date:	07/21/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/12/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 39 year old female, who sustained an industrial injury on 1/8/05. She reported initial complaints of cumulative trauma injury to her neck and bilateral upper extremities. The injured worker was diagnosed as having osteoarthritis; trigger finger syndrome. Treatment to date has included wrist splint right hand; physical therapy; medications. Diagnostics included x-rays bilateral hands/wrists (10/2014); EMG/NCV study bilateral upper right extremity (1/8/15). Currently, the PR-2 notes dated 4/16/15 is an initial orthopedic evaluation regarding the injured workers injuries to the cervical spine and bilateral upper extremities. The notes indicated the injured worker complains of continuous neck pain radiating to both shoulders, hand level and is aggravated by prolonged sitting, tilting her head up and down and moving her head to the sides. The pain is associated with stiffness and cracking with a pain scale rating of 5-9/10. She complains of continuous bilateral shoulder pain radiating to both arms, hand level, aggravated by reaching overhead and behind, lifting, carrying, pushing, pulling and increased use of both arms. The pain is associated with popping and rated at 5-9/10. The bilateral hands/wrist pain is aggravated by gripping, grasping, opening jars and bottles. There is weakness, numbness and tingling with pain rated at 7.5-9/10. On physical examination of the cervical spine, the provider reveals limitations of range of motion. Palpation of the levator scapulae muscles note tenderness bilaterally. Palpation of the trapezius muscles reveal tenderness bilaterally and hypertonicity on the right. The cervical compression test was positive with Spurling's test positive on the right. Deep tendon reflexes were 2+ in the C5 muscle groups bilaterally. Sensation was normal in the C5 nerve distribution and decreased in the C6 and C7

nerve distributions on the right. Muscle strength was 5/5 in the C5, C6, and C7 nerve roots bilaterally. The lumbar spine exam notes the injured worker was able to heel and toe walk bilaterally and deep tendon reflexes were 2+ in the L4 nerve roots bilaterally. Clonus was absent bilaterally. Examination of the right elbow note palpation of the ulnar groove revealed tenderness bilaterally, Tinel's ulnar nerve test was positive bilaterally. Muscle strength was 5/5/ with flexion, extension, supination, pronation and finger abduction (ulnar nerve) on the right. Tinel's median nerve, Phalen's and Median Nerve Comp tests were positive bilaterally. Finkelstein's test was negative bilaterally. Sensation was decreased in the median and ulnar nerves bilaterally and normal in the radial nerve bilaterally. Electrodiagnostic study dated 1/8/15 reveals evidence of mild right carpal tunnel syndrome (median nerve entrapment at the wrist) affecting sensory components. The provider also reviews MRI of the cervical spine without contrast noting at the C5-6 is a 2mm retrolisthesis with moderate disc degeneration. There is mild to moderate central canal stenosis with mild left and moderate to severe right foraminal narrowing. At C4-5 there is mild narrowing of the central canal with mild to moderate right foraminal narrowing. It is also noted a mild mucosal disease in the floor of the maxillary sinuses. The provider's treatment plan included recommendations of physical therapy, medications such as Aleve and Tylenol for pain; consultation with a neurologist to rule out neurological disorder. He has also requested an EMG/NCV study of the bilateral upper extremities to rule out right upper extremity peripheral nerve entrapment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography and Nerve conduction velocity (EMG/NCV) of the bilateral upper extremities (BUE) to rule out right upper extremity peripheral nerve entrapment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). Chapter 12, page 303.

Decision rationale: This claimant was injured now 10 years ago. There was alleged cumulative trauma to the neck and upper extremities, and osteoarthritis. There was a prior electrodiagnostic study done on 1-8-15. In that study, sensation appeared normal in the C6-7 distribution at that time. There was mild right carpal tunnel syndrome in the prior study. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. Further the test was already previously accomplished, demonstrating the carpal tunnel pathology. What action was taken is not clear. The need for a repeat study therefore is also not clear. The request is not medically necessary.