

Case Number:	CM15-0114005		
Date Assigned:	06/22/2015	Date of Injury:	01/19/2014
Decision Date:	07/21/2015	UR Denial Date:	05/29/2015
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: 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 was a 34 year old female, who sustained an industrial injury, January 19, 2014. The injured worker injured had low back, left hip, hands, and wrists during a slip and fall while at work. The injured worker previously received the following treatments Functional Capacity evaluation with computerized range of motion and muscle testing, TENS (transcutaneous electrical nerve stimulator) unit, lumbar spine x-rays, several sessions of physical therapy, acupuncture, chiropractic adjustments, MRI of the hands, Lumbar spine MRI, one lumbar spine epidural injection, right shoulder x-rays, left shoulder x-rays, left elbow x-rays, right elbow x-rays, left wrist x-rays, right wrist x-rays, pelvis x-rays, left hip x-rays, thoracic spine x-rays and cervical spine x-rays. The injured worker was diagnosed with pre-existing stress/depression/anxiety, cervicothoracic spine sprain rule out left C7-C8 radiculopathy, bilateral shoulder sprain, left elbow medial epicondylitis; rule out ulnar canal syndrome, bilateral wrist sprain with left carpal tunnel syndrome and bilateral De Quervain's. According to progress note of April 1, 2015, the injured worker's chief complaint was low back, left hip, hands, and wrists. Since the epidural injection to the lumbar spine the injured worker had noticed aggravated pain, increased soreness, increased tingling, increased numbness and weakness in the neck, shoulders, arms and legs. The injured worker rated the pain at 5 out of 10 constant and occasionally 9 out of 10, left greater than the right upper trapezius as well as frequent radiation to the dorsum of the left more than the right forearm and dorsal of the left more than the right hand. The pain radiated into the scapular area. The pain increased with fast rotation, prolonged sitting, pushing, pulling and lifting. There was occasional tingling and numbness in the bilateral upper extremities in volar aspect of the bilateral forearms and ulnar aspect of the bilateral hands.

The physical exam noted the left shoulder was higher than the right. The head and neck were tilted to the right. There was a right thoracic shift. There was tenderness with palpation of the left cervical spine. The left trapezial pain was greater than the right trapezius muscle and the thoracic spine muscles. The cervical compression testing was positive bilaterally, right equal to the left. There was decreased range of motion of the cervical spine in all planes. The grip strength was weaker on the left than the right. There was decreased range of motion in the bilateral shoulders right worse than the left in all planes except external rotation the left was worse than the right. There was decreased range of motion of the bilateral elbows in all planes, left worse than the right. There was decreased range of motion in the bilateral hands in all planes, left worse than the right. The exam of the lumbar spine showed mild increase in kyphosis. The hips and pelvis were level. There was no tenderness with palpation, paravertebral muscle guarding, trigger points or muscles spasms noted. The treatment plan included EMG/NCS (electrodiagnostic studies and nerve conduction studies) 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:

EMG/NCV (Electromyography/Nerve conduction studies) bilateral upper extremities:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Cervical Spine and Upper Extremities: EDS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: EMG/NCV (Electromyography/Nerve conduction studies) bilateral upper extremities is not medically necessary per the MTUS ACOEM guidelines. The MTUS states that appropriate electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. The documentation indicates that the patient already had a NCS/EMG in July of 2014 which revealed moderate bilateral carpal tunnel syndrome. The EMG portion of the test was normal. The documentation does not indicate a significant change in the patient's condition therefore the request for another BUE NCS/EMG study is not medically necessary.