

Case Number:	CM15-0115191		
Date Assigned:	06/23/2015	Date of Injury:	12/20/2008
Decision Date:	08/31/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/15/2015

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:

The injured worker is a 54 year old female, who sustained an industrial injury on December 20, 2008, incurring multiple injuries from repetitive motions. She was diagnosed with cervical degenerative disc disease, facet arthropathy, bilateral shoulder sprain, acromioclavicular arthropathy, and bilateral elbow neuropathy and epicondylitis and canal stenosis. Treatment included physical therapy, anti-inflammatory drugs, proton pump inhibitor, splinting, surgical interventions, wrist injections, and psychological consultation for anxiety, and sleep disturbance. In 2011, he had a Magnetic Resonance Imaging of the cervical spine revealing disc protrusion, canal stenosis and facet arthropathy. Currently, the injured worker complained of neck pain radiating into the left upper extremity, numbness, tingling and weakness. She complained of muscle spasms and tenderness of the shoulders, bilateral shoulder pain, and bilateral wrist pain. The treatment plan that was requested for authorization included Electromyography studies of the right upper extremity, Nerve Conduction Velocity of left upper extremity, Nerve Conduction Velocity of the right upper extremity and Electromyography studies of the left upper extremity to rule out cervical radiculopathy and carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the Right Upper Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 260-262, 303.

Decision rationale: The 54 year old patient complains of pain in the cervical spine, rated at 4/10, radiating to bilateral upper extremities, as per progress report dated 05/11/15. The request is for EMG OF THE RIGHT UPPER EXTREMITY. The RFA for this case is dated 05/11/15, and the patient's date of injury is 12/20/08. The patient suffers from pain in bilateral shoulders, wrists and elbows, rated at 4/10, as per progress report dated 05/11/15, along with stress, anxiety and depression. Diagnoses included cervical sprain/strain, degenerative disc disease, facet arthropathy, canal stenosis, bilateral upper extremity radiculopathy with left wrist cyst, bilateral shoulder AC arthropathy, bilateral elbow ulnar neuropathy, bilateral golfer's elbow, r/o bilateral carpal tunnel syndrome, lumbar sprain/strain, degenerative disc disease, GI upset, and anxiety. The patient is status post left ulnar release and status post bilateral carpal tunnel release. The patient is on modified duty, as per the same progress report. For EMG, ACOEM Guidelines page 303 states Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: Appropriate electro diagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and 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 in the course of treatment if symptoms persist. In this case, the patient underwent EMG/NCV of bilateral upper extremities on 06/05/09, which came back normal, as per progress report dated 04/06/15. The patient was subsequently diagnosed with bilateral carpal tunnel syndrome and underwent right carpal tunnel release on 12/10/09 and left carpal tunnel release on 08/13/10. The patient underwent another EMG/NCV on 03/29/11 which revealed mild to moderate bilateral carpal tunnel syndrome. The current request is noted in progress report dated 05/11/15. The treater states that the purpose of the electro diagnostic studies is to rule out carpal tunnel syndrome as the patient is experiencing pain, numbness, and tingling in bilateral wrists and is dropping objects. The Utilization Review denied the request due to lack of thorough neurological examination. In an appeal letter, dated 05/27/15 after the UR date, the treater states that physical examination of the bilateral wrists revealed positive Tinel's sign and Phalen's test bilaterally along with limited range of motion, in spite of extensive conservative care and prior surgical interventions. Given the patient's upper extremity symptoms and neurologic deficits, an EMG to rule out CTS appears reasonable. However, the patient has already undergone this testing in the past. ACOEM allows or repeat electro diagnostic studies only if the prior ones are negative during the acute phase. There is no new injury, new clinical information or change in neurologic findings to warrant updated studies. Hence, the request IS NOT medically necessary.

NCV of Left Upper Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 260-262, 303.

Decision rationale: The 54 year old patient complains of pain in the cervical spine, rated at 4/10, radiating to bilateral upper extremities, as per progress report dated 05/11/15. The request is for NCV OF THE LEFT UPPER EXTREMITY. The RFA for this case is dated 05/11/15, and the patient's date of injury is 12/20/08. The patient suffers from pain in bilateral shoulders, wrists and elbows, rated at 4/10, as per progress report dated 05/11/15, along with stress, anxiety and depression. Diagnoses included cervical sprain/strain, degenerative disc disease, facet arthropathy, canal stenosis, bilateral upper extremity radiculopathy with left wrist cyst, bilateral shoulder AC arthropathy, bilateral elbow ulnar neuropathy, bilateral golfer's elbow, r/o bilateral carpal tunnel syndrome, lumbar sprain/strain, degenerative disc disease, GI upset, and anxiety. The patient is status post left ulnar release and status post bilateral carpal tunnel release. The patient is on modified duty, as per the same progress report. For EMG, ACOEM Guidelines page 303 states Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: Appropriate electro diagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and 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 in the course of treatment if symptoms persist. In this case, the patient underwent EMG/NCV of bilateral upper extremities on 06/05/09, which came back normal, as per progress report dated 04/06/15. The patient was subsequently diagnosed with bilateral carpal tunnel syndrome and underwent right carpal tunnel release on 12/10/09 and left carpal tunnel release on 08/13/10. The patient underwent another EMG/NCV on 03/29/11 which revealed mild to moderate bilateral carpal tunnel syndrome. The current request is noted in progress report dated 05/11/15. The treater states that the purpose of the electro diagnostic studies is to rule out carpal tunnel syndrome as the patient is experiencing pain, numbness, and tingling in bilateral wrists and is dropping objects. The Utilization Review denied the request due to lack of thorough neurological examination. In an appeal letter, dated 05/27/15 after the UR date, the treater states that physical examination of the bilateral wrists revealed positive Tinel's sign and Phalen's test bilaterally along with limited range of motion, in spite of extensive conservative care and prior surgical interventions. Given the patient's upper extremity symptoms and neurologic deficits, an NCV to rule out CTS appears reasonable. However, the patient has already undergone this testing in the past. ACOEM allows or repeat electro diagnostic studies only if the prior ones are negative during the acute phase. There is no new injury, new clinical information or change in neurologic findings to warrant updated studies. Hence, the request IS NOT medically necessary.

NCV of Right Upper Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 260-262, 303.

Decision rationale: The 54 year old patient complains of pain in the cervical spine, rated at 4/10, radiating to bilateral upper extremities, as per progress report dated 05/11/15. The request is for NCV OF THE RIGHT UPPER EXTREMITY. The RFA for this case is dated 05/11/15, and the patient's date of injury is 12/20/08. The patient suffers from pain in bilateral shoulders, wrists and elbows, rated at 4/10, as per progress report dated 05/11/15, along with stress, anxiety and depression. Diagnoses included cervical sprain/strain, degenerative disc disease, facet arthropathy, canal stenosis, bilateral upper extremity radiculopathy with left wrist cyst, bilateral shoulder AC arthropathy, bilateral elbow ulnar neuropathy, bilateral golfer's elbow, r/o bilateral carpal tunnel syndrome, lumbar sprain/strain, degenerative disc disease, GI upset, and anxiety. The patient is status post left ulnar release and status post bilateral carpal tunnel release. The patient is on modified duty, as per the same progress report. For EMG, ACOEM Guidelines page 303 states Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: Appropriate electro diagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and 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 in the course of treatment if symptoms persist. In this case, the patient underwent EMG/NCV of bilateral upper extremities on 06/05/09, which came back normal, as per progress report dated 04/06/15. The patient was subsequently diagnosed with bilateral carpal tunnel syndrome and underwent right carpal tunnel release on 12/10/09 and left carpal tunnel release on 08/13/10. The patient underwent another EMG/NCV on 03/29/11 which revealed mild to moderate bilateral carpal tunnel syndrome. The current request is noted in progress report dated 05/11/15. The treater states that the purpose of the electro diagnostic studies is to rule out carpal tunnel syndrome as the patient is experiencing pain, numbness, and tingling in bilateral wrists and is dropping objects. The Utilization Review denied the request due to lack of thorough neurological examination. In an appeal letter, dated 05/27/15 after the UR date, the treater states that physical examination of the bilateral wrists revealed positive Tinel's sign and Phalen's test bilaterally along with limited range of motion, in spite of extensive conservative care and prior surgical interventions. Given the patient's upper extremity symptoms and neurologic deficits, an NCV to rule out CTS appears reasonable. However, the patient has already undergone this testing in the past. ACOEM allows or repeat electro diagnostic studies only if the prior ones are negative during the acute phase. There is no new injury, new clinical information or change in neurologic findings to warrant updated studies. Hence, the request IS NOT medically necessary.

EMG of Left Upper Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 260-262, 303.

Decision rationale: The 54 year old patient complains of pain in the cervical spine, rated at 4/10, radiating to bilateral upper extremities, as per progress report dated 05/11/15. The request is for EMG OF THE LEFT UPPER EXTREMITY. The RFA for this case is dated 05/11/15, and the patient's date of injury is 12/20/08. The patient suffers from pain in bilateral shoulders, wrists and elbows, rated at 4/10, as per progress report dated 05/11/15, along with stress, anxiety and depression. Diagnoses included cervical sprain/strain, degenerative disc disease, facet arthropathy, canal stenosis, bilateral upper extremity radiculopathy with left wrist cyst, bilateral shoulder AC arthropathy, bilateral elbow ulnar neuropathy, bilateral golfer's elbow, r/o bilateral carpal tunnel syndrome, lumbar sprain/strain, degenerative disc disease, GI upset, and anxiety. The patient is status post left ulnar release and status post bilateral carpal tunnel release. The patient is on modified duty, as per the same progress report. For EMG, ACOEM Guidelines page 303 states Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: Appropriate electro diagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and 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 in the course of treatment if symptoms persist. In this case, the patient underwent EMG/NCV of bilateral upper extremities on 06/05/09, which came back normal, as per progress report dated 04/06/15. The patient was subsequently diagnosed with bilateral carpal tunnel syndrome and underwent right carpal tunnel release on 12/10/09 and left carpal tunnel release on 08/13/10. The patient underwent another EMG/NCV on 03/29/11 which revealed mild to moderate bilateral carpal tunnel syndrome. The current request is noted in progress report dated 05/11/15. The treater states that the purpose of the electro diagnostic studies is to rule out carpal tunnel syndrome as the patient is experiencing pain, numbness, and tingling in bilateral wrists and is dropping objects. The Utilization Review denied the request due to lack of thorough neurological examination. In an appeal letter, dated 05/27/15 after the UR date, the treater states that physical examination of the bilateral wrists revealed positive Tinel's sign and Phalen's test bilaterally along with limited range of motion, in spite of extensive conservative care and prior surgical interventions. Given the patient's upper extremity symptoms and neurologic deficits, an EMG to rule out CTS appears reasonable. However, the patient has already undergone this testing in the past. ACOEM allows or repeat electro diagnostic studies only if the prior ones are negative during the acute phase. There is no new injury, new clinical information or change in neurologic findings to warrant updated studies. Hence, the request IS NOT medically necessary.