

Case Number:	CM15-0123108		
Date Assigned:	07/07/2015	Date of Injury:	08/26/2010
Decision Date:	08/05/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/25/2015

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:

The injured worker is a 57 year old female, who sustained an industrial injury on 8/26/10. The injured worker has complaints of neck and bilateral wrist pain right greater than left. The documentation noted that the injured worker has paraspinous muscles tension with a moderate pain on range of motion. The thoracic spine reveals slight paraspinous muscle tension with decreased range of motion. Examination of the lumbar spine reveals moderate pain with motion. The injured worker has paraspinous muscle tension with tenderness over the posterior superior iliac spine, bilaterally. The documentation noted examination of the wrist has bilateral wrist tenderness. The diagnoses have included carpal tunnel syndrome. Treatment to date has included right hand surgery on 11/26/14; norco; flexeril; ambien; voltaren ER; status post carpal tunnel release bilaterally; cortisone injections and physical therapy. The documentation noted that the injured workers hand surgery is not work related. The request was for electromyography/nerve conduction velocity study of 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 of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, Chronic Pain Treatment Guidelines.

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/NCV of the bilateral upper extremities is not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings 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 cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic property or some problem other than cervical radiculopathy. In this case, let them say circle radiculopathy related problems and the injured worker's working diagnosis is carpal tunnel syndrome. The date of injury is August 26, 2010. Request for authorization was June 11, 2015. According to a progress note dated May 11, 2015, the injured worker has bilateral neck and wrist pain with radicular symptoms. Pain is 6/10. Objectively, the treating provider measures grip strength. There was no neurological evaluation demonstrating objective evidence of radiculopathy. There was no documentation of conservative care including a nightly wrist splint and steroid injections. The utilization review indicates additional information was requested and noncertified the request for the bilateral upper extremity EMG/NCV. Additionally, the indication and rationale for the EMG/NCV of the bilateral upper extremities is unclear based on the treatment plan (note dated May 11, 2015). Consequently, absent clinical documentation with unequivocal evidence that identifies specific nerve compromise on the neurologic examination and conservative measures including a wrist splint and steroid injections, EMG/NCV of the bilateral upper extremities is not medically necessary.