

Case Number:	CM15-0170118		
Date Assigned:	09/10/2015	Date of Injury:	03/09/2011
Decision Date:	12/03/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/28/2015

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 49 year old female who sustained an industrial injury on 03-09-2011. Medical records indicated the worker was treated for injury to the neck, thoracic spine, bilateral shoulders, bilateral elbows, bilateral wrists, lumbar spine and bilateral knees. On 06-09-2015 she has multiple complaints of pain including the cervical, thoracic and lumbar spine. She also has pain in the bilateral shoulders, elbows wrists and knees. She has been treated with physical therapy (at least 24 visits) MRI studies, electromyogram-nerve conduction velocity, and sleep studies. The worker has been on oral medications for pain and has been treated with pain management. Her medications include tramadol, omeprazole, simvastatin, Metformin, losartan, hydrochlorothiazide, hydrocodone and Omega. In July 2014; she had left knee arthroscopic surgery followed by post op therapy three times weekly. Examination of the cervical spine reveals guarded range of motion. Palpable tenderness and guarding is noted throughout the cervical paraspinal muscles. Evaluation of the left shoulder shows positive impingement testing and x-rays show degenerative changes throughout the thoracic and cervical spine. She complains of numbness and tingling into the right and left hand. She has a positive Tinel's test on the right and negative on the left. Phalen's test is positive bilaterally. Reflexes in the upper extremities are diminished but equal as are the reflexes in the lower extremities. Treatment includes possible surgical intervention for unresolved bilateral carpal tunnel syndrome. Electrodiagnostic studies were ordered with this consideration. A request for authorization was submitted for Electromyography (EMG) and Nerve Conduction Velocity (NCV) for the upper extremities an outpatient. A utilization review decision 07-30-2015 Non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) and Nerve Conduction Velocity (NCV) for the upper extremities an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Carpal Tunnel Syndrome (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: This claimant was injured now four years ago. There was ongoing limb pain. There have been past electrodiagnostic nerve studies. There continued to be subjective neurologic complaints, and some objective signs pertaining to potential unresolved carpal tunnel syndrome. 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, electrodiagnostic were already accomplished, and the need for another is not clinically clear. The request is not medically necessary.