

Case Number:	CM15-0072538		
Date Assigned:	04/22/2015	Date of Injury:	10/24/2011
Decision Date:	06/09/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/15/2015

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: 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 is a 53 year old female, who sustained an industrial injury on October 24, 2011. She reported neck pain, low back pain and right shoulder pain. The injured worker was diagnosed as having cervicgia, cervical discopathy with radiculitis, lumbar radiculitis, bilateral impingement syndrome of the shoulders, bilateral cubital tunnel syndrome, bilateral carpal tunnel syndrome and plantar fasciitis, lumbago and pain in the shoulder joint. Treatment to date has included diagnostic studies, radiographic imaging, medications, conservative care and work restrictions. Currently, the injured worker complains of continued neck pain, low back pain and right shoulder pain with associated tingling and numbness in the right upper extremity. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. X-ray of the chest on February 25, 2015, revealed no changes from previous studies and mild degenerative disease and aortic tortuosity. Evaluation on March 2, 2105, revealed continued pain as noted. Electrodiagnostic study of the right upper extremity was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve conduction study (EMG/NCV) for 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 Page(s): 261.

Decision rationale: Electromyography/Nerve conduction study (EMG/NCV) for the right upper extremity is not medically necessary per the MTUS ACOEM Guidelines. The MTUS ACOEM guidelines state that appropriate electro diagnostic 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 has bilateral cubital tunnel syndrome, cervical radiculitis, bilateral carpal tunnel syndrome. It is unclear how these diagnoses were made and whether or not the patient has had prior EMG/NCV of the right upper extremity and what the findings were. Without this information, the request for EMG/NCV of the right upper extremity is not medically necessary.