MAXIMUS Federal Services

Case Number:	CM15-0099403		
Date Assigned:	06/01/2015	Date of Injury:	05/25/2006
Decision Date:	09/17/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/22/2015

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 sustained an industrial injury on 5-25-06. She subsequently reported neck, left shoulder, left wrist and low back pain. Diagnoses include musculoligamentous strain of the cervical spine. Treatments to date x-ray and MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience neck, low back and left shoulder pain. Upon examination of the cervical spine, there is paravertebral muscle spasm and tenderness of the bilateral trapezius muscles and scapular regions noted. Lumbar spine range of motion is reduced. Paresthesia is noted in the volar aspect of the left hand. The left shoulder reveals tenderness in the subacromial region and in the direction of the rotator cuff. The impingement sign is positive. Tinel's and Phalen's tests are positive in the right wrist. There is tenderness of the lumbosacral junction. There is paravertebral muscle spasm. A request for EMG (electromyography)/NCS (nerve conduction study) of the right upper extremities was made by the treating physician.Per documentation, the patient had a prior left C5/6 radiculopathy with mild right median sensory neuropathy on electrodiagnostic testing in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography)/NCS (nerve conduction study) of the right upper extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178 and 11 and 260.

Decision rationale: EMG (electromyography)/NCS (nerve conduction study) of the right upper extremities is not medically necessary per the MTUS Guidelines. The MTUS states that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The MTUS states that a complaint of tingling and/or numbness in the fourth and fifth fingers is usually due to ulnar nerve impingement at the elbow, C8 cervical radiculopathy, or impingement of the ulnar nerve at the wrist. The MTUS state that symptoms of pain, numbness, and tingling in the hands are common in the general population, but based on studies, only about one in five symptomatic subjects would be expected to have CTS based on clinical examination and electrophysiologic testing. The documentation does not reveal that the patient is complaining of pain in her right upper extremity. She complains of left upper extremity pain and numbness in the left hand. The documentation indicates she has no gross motor deficit and intact upper extremity reflexes with decreased right hand median and ulnar distribution sensation and a prior electrodiagnostic study that revealed median neuropathy in the right hand. It is not clear how the above test would change the management of this patient. Furthermore, it is not clear that the patient has other symptoms that would suggest an alternate diagnosis such as ulnar neuropathy at the elbow or wrist. The request for a right upper extremity NCS/EMG is not medically necessary.