

Case Number:	CM16-0248034		
Date Assigned:	01/03/2017	Date of Injury:	11/30/2016
Decision Date:	01/26/2017	UR Denial Date:	12/20/2016
Priority:	Standard	Application Received:	12/27/2016

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: 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 63 year old male who sustained an industrial injury on 11-30-2016. A review of medical records indicates the injured worker is being treated for numbness and weakness bilateral upper extremities rule out carpal tunnel syndrome due to repetitive activity rule out cervical radiculopathy. Medical records dated 12-12-2016 noted left shoulder joint pain and wrist pain more on the right. Physical examination noted tenderness to the cervical and lumbar spine. Lumbar flexion was 50 degrees, extension was 20 degrees, lateral bending 15 degrees to the left and 22 degrees to the right. Treatment has included medical imaging, physical therapy, chiropractic care, and acupuncture. Utilization review form dated 12-20-2016 noncertified EMG-NCS of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Electrodiagnostic testing (EMG/NCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Electrodiagnostic testing (EMG/NCS).

Decision rationale: MTUS Guidelines support electrodiagnostic testing when there are neurological signs/symptoms that are persistent and or necessary for planning care i.e. possible carpal tunnel surgery. EMG studies are also recommended when cervical radiculopathy is suspected. This is an initial evaluation by the requesting physician, but it is documented that this individual has had carpal tunnel symptoms for 2 years and has had prior therapy for it. This was apparently under his private insurance. There is also documentation for long term neck problems and potential surgery was recommended previously under his private insurance. Recent x-rays reveals spondylosis with a C3-4 anterolisthesis. Given the prior history of symptoms and treatment this is somewhat unique circumstances, but there is no reason to doubt or dismiss the history of prior symptoms and treatment. In this situation, the EMG/NCS of the bilateral upper extremities is supported by Guidelines and is medically necessary.