

Case Number:	CM13-0008592		
Date Assigned:	06/16/2014	Date of Injury:	09/25/2012
Decision Date:	07/29/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/08/2013

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male, who sustained an injury on September 25, 2012. The mechanism of injury occurred from lifting meat on to a table. The injured worker had a remote history of carpal tunnel release. Findings from an exam dated December 4, 2012, included complaints of right elbow and wrist burning pain; with exam showing positive right wrist Tinel and Phalen signs with decreased median nerve distribution sensation. Diagnostics have included an EMG/NCV dated October 23, 2012, which was reported as showing mild right carpal tunnel syndrome. Treatments have included a right carpal tunnel release in 2013, 12 sessions of post-operative physical therapy, medications, steroid injection. The current diagnoses are: status post right carpal tunnel release 1984, status post right elbow surgery 1985, right wrist pain, right elbow sprain, rule out right biceps tear, gastroesophageal reflux disease, insomnia. The stated purpose of the request for ELECTROMYOGRAPHY (EMG)/ NERVE CONDUCTION VELOCITY (NCV) BILATERAL UPPER EXTREMITIES, was not noted. Per the report dated July 10, 2013, the treating physician noted complaints of pain to the right third and fourth fingers, right elbow and forearm, as well as numbness and tingling to the right fingers. Exam showed decreased sensation to the right third and fourth digits and difficulty making a fist due to stiffness and pain. The request for ELECTROMYOGRAPHY (EMG)/ NERVE CONDUCTION VELOCITY (NCV) BILATERAL UPPER EXTREMITIES was denied on July 19, 2013, citing a lack of documentation of supportive physical exam evidence. Per the most recent report, dated September 25, 2013, the treating physician noted complaints of pain to the right third and fourth fingers, right elbow and forearm, as well as numbness and tingling to the right fingers. Exam showed decreased sensation to the right third and fourth digits and difficulty making a fist due to stiffness and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: CA MTUS ACOEM 2nd edition, 2004, Chapter 11 - Forearm, Wrist, Hand Complaints; Special Studies and Diagnostic and Treatment Considerations, Pages 268-269, recommend electrodiagnostic studies with documented exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials, that are in need of clinical clarification. The injured worker has complaints of pain to the right third and fourth fingers, right elbow and forearm, as well as numbness and tingling to the right fingers. The treating physician has documented decreased sensation to the right third and fourth digits and difficulty making a fist due to stiffness and pain. However, there is no documentation of positive right-sided Tinel or Phalen signs. There is also no documentation of any positive neurologic exam findings for the left upper extremity. Based on the currently available information, Electromyography (EMG) Bilateral Upper Extremities is not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: CA MTUS ACOEM 2nd edition, 2004, Chapter 11, Forearm, Wrist, Hand Complaints; Special Studies and Diagnostic and Treatment Considerations, Pages 268-269, recommend electrodiagnostic studies with documented exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials, that are in need of clinical clarification. The injured worker has complaints of pain to the right third and fourth fingers, right elbow and forearm, as well as numbness and tingling to the right fingers. The treating physician has documented decreased sensation to the right third and fourth digits and difficulty making a fist due to stiffness and pain. However, there is no documentation of positive right-sided Tinel or Phalen signs. There is also no documentation of any positive neurologic exam findings for the left upper extremity. Based on the currently available information, Nerve Conduction Velocity (NCV) Bilateral Upper Extremities is not medically necessary.

