

Case Number:	CM13-0021631		
Date Assigned:	11/13/2013	Date of Injury:	03/08/2012
Decision Date:	02/03/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, Pulmonary Disease, 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 physician 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 patient reported a date of injury on 03/08/2012. The patient presented with a positive right wrist Tinel's and a positive right wrist Phalen's. The patient had pain to the right wrist. The patient had diagnoses including carpal tunnel syndrome, loose bodies of the right knee, and ovarian cysts. The physician's treatment plan included request for EMG/NCV of the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for EMG/NCVS upper left extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Electrodiagnostic testing (EMG/NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

Decision rationale: The CA MTUS Guidelines do not address EMG/NCV. ACOEM states NCV is recommended for median or ulnar impingement at the wrist after failure of conservative treatment. Within the provided documentation, the requesting physician did not include an adequate and complete assessment of the patient's current objective functional condition

including adequate documentation of neurologic deficits to demonstrate the patient's need for an electrodiagnostic study at this time. Additionally, within the provided documentation, the physician's prior courses of treatment were unclear; it was unclear if the patient has undergone an adequate course of conservative care prior to the request for an electrodiagnostic study. Therefore, the request for EMG/NCV of the left upper extremity neither medically necessary, nor appropriate.