

Case Number:	CM13-0023806		
Date Assigned:	11/15/2013	Date of Injury:	08/05/2010
Decision Date:	01/29/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/12/2013

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 and is licensed to practice in New York. 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 claimant is a 54 year old injured worker who sustained a work related injury on August 05, 2010. The mechanism of injury was not provided. Diagnoses include myofascial pain/myositis, De Quervain's tenosynovitis, cervical strain, tenosynovitis of the hand/wrist, and right lateral epicondylitis. The patient has been treated with medical therapy, a TENS unit, and a trial of acupuncture. On exam the patient complains of pain at the right elbow and right hand. The patient has 3+/5 grip strength and paresthesias to light touch on the right ring finger and thumb. Reflexes are symmetrical and there was a positive Finkelstein bilaterally with a negative Tinell's and negative Phalen's tests. The treating provider has requested an EMG/NCV of the bilateral upper extremities to evaluate the potential presence of progressive neural dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV BUE: 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), Carpel Tunnel Syndrome.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for

EMG/NCV testing(2010), and the Medscape Internal Medicine: Nerve conduction/Electromyography Testing 2012.

Decision rationale: According to the Official Disability Guidelines, EMG studies are only recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities but the addition of electromyography is generally not necessary. EMG and nerve conduction studies are an extension of the physical examination. They can be useful in aiding in the diagnosis of peripheral nerve and muscle problems. This can include peripheral neuropathies, entrapment neuropathies, radiculopathy, and muscle disorders. There is no documentation provided necessitating bilateral EMG/NCV testing of the upper extremities. Based on the medical documentation the claimant's clinical findings of upper extremity numbness involve only the right elbow and right hand. There are no clinical signs of carpal tunnel syndrome. The request for a EMG/NCV BUE, is not medically necessary and appropriate.