

Case Number:	CM13-0049953		
Date Assigned:	12/27/2013	Date of Injury:	08/28/2013
Decision Date:	02/27/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	11/08/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 was a 58 year old female with complaints of numbness, weakness and pain to both her hands stemming from working with cold products in cold room on 08/28/2013. The patient was noted to have tenderness over the carpal/metacarpal bones with generalized pain on 11/04/2013. The documentation noted the patient's condition was most likely arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral upper extremities (BUE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back Procedure Summary

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

Decision rationale: The request for EMG bilateral upper extremities (BUE) is non-certified. The patient had noted bilateral hand pain 6/10 which radiated to her elbows. The patient was documented as having relief of symptoms with the use of NSAIDs. CA MTUS/ACEOM guidelines do not recommend the use of diagnostic studies until 4- to 6-week period of conservative care and observation. The documentation submitted for review did not address the

patient's conservative care to include physical therapy and outcome of such care if it was provided. Given the information submitted for review the request for EMG bilateral upper extremities (BUE) is non-certified.

NCS bilateral upper extremities (BUE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

Decision rationale: The request for NCS bilateral upper extremities (BUE) is non-certified. The patient had noted bilateral hand pain 6/10 which radiated to her elbows. The patient was documented as having relief of symptoms with the use of NSAIDs. CA MTUS/ACOEM guidelines do not recommend the use of diagnostic studies until 4- to 6-week period of conservative care and observation. The documentation submitted for review did not address the patient's conservative care to include physical therapy and outcome of such care if it was provided. Given the information submitted for review the request for NCS bilateral upper extremities (BUE) is non-certified.