

Case Number:	CM13-0050249		
Date Assigned:	12/27/2013	Date of Injury:	10/19/2012
Decision Date:	02/28/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/11/2013

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 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 is a 60-year-old male who reported an injury on 10/19/2012. The patient is diagnosed with a sprain and strain of the right knee status post total knee replacement, left wrist sprain/strain, left carpal tunnel syndrome, left de Quervain's tenosynovitis, left shoulder periscapular strain, and left thumb sprain. The patient was seen by [REDACTED] on 09/13/2013. The physical examination revealed positive Tinel's and Phalen's testing on the left, decreased median sensory, decreased range of motion, and positive Finkelstein's testing. The treatment recommendations included continuation of home exercise program and an EMG 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:

EMG/NCV LUE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Electrodiagnostic Testing.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, lasting more than 3 or 4 weeks. As per the documentation submitted, the patient recently underwent an electromyography study on 06/18/2013 of the left upper extremity, which revealed moderate left carpal tunnel syndrome, mild left ulnar neuropathy at the wrist, and mild axonal polyneuropathy. There is no documentation of a significant change in the patient's symptoms or physical examination findings that would warrant the need for an additional electrodiagnostic study. Based on the clinical information received, the request is non-certified.