

Case Number:	CM13-0053493		
Date Assigned:	12/30/2013	Date of Injury:	09/18/2013
Decision Date:	08/04/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/18/2013

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 41 year-old female, who sustained an injury on September 18, 2013. The mechanism of injury is not noted. Diagnostics have included: NCV/EMG dated January 6, 2014 reported as negative. Treatments have included medications, right shoulder cortisone injection, physical therapy. The current diagnoses are: bilateral carpal tunnel syndrome, bilateral ulnar neuritis, cervical strain, right shoulder rotator cuff syndrome, right wrist tendonitis. The stated purpose of the request for EMG/NCS BUE was not noted. The request for EMG/NCS BUE was denied on November 1, 2013, noting that electrodiagnostics were not necessary if the diagnosis is obvious based on physical findings and if conservative methods fail to resolve the problem. Per the most recent report dated July 3, 2014, the treating physician noted that the injured worker had previously complained of pain, weakness and numbness in both hands, and currently complains of right shoulder pain and arm numbness. Exam showed anterior right shoulder tenderness with positive Hawkin's sign, mild tenderness to the wrist, intact sensory exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS BUE: 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: According to the CA MTUS, ACOEM 2nd Edition, 2004, Chapter 11, Forearm, Wrist and Hand Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 268-269, recommend electrodiagnostic studies as follows: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The treating physician has not documented exam evidence providing support for indications of nerve compromise. The criteria noted above not having been met, EMG/NCS BUE is not medically necessary.