

Case Number:	CM14-0104267		
Date Assigned:	09/16/2014	Date of Injury:	03/07/2014
Decision Date:	11/12/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/07/2014

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 Occupational Medicine, and is licensed to practice in Illinois. 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 53 year old man with a date of injury on 3/7/2014. The following information is obtained from the latest clinical note attached: The worker is a shipping and receiving clerk who sustained a cumulative injury to bilateral wrists, hands, elbows and shoulders. He developed bilateral upper extremity pain from working from 2006 through 2014. He was seen 3 times by the [REDACTED] where he had conservative management and hand therapy was requested. The worker complains of severe pain, numbness and weakness of both right and left hands, right greater than left. The exam is remarkable for right forearm tenderness over the radial tunnel, a positive Tinel's with hypesthesia in the median distribution and a positive Tinel's on the left. Grip strength is diminished on the right side. A right wrist brace was ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome : Electromyography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269,272.

Decision rationale: The injured worker complains of severe pain, numbness and weakness of both the right and left hand (right greater than left) as a result of cumulative work injuries. It is stated he had conservative management and hand therapy was requested. There is no explanation as to whether the conservative management included diagnostic studies followed by therapy, including acupuncture, physical therapy, chiropractic manipulation, medications or a home-based exercise program. Per the American College of Occupational and Environmental Medicine guidelines, an electromyography for the upper extremity is not recommended for forearm, wrist and hand complaints. Therefore, the request for the electromyography left upper extremity is not medically necessary.

Electromyography (EMG) Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Carpal Tunnel Syndrome: Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269,272.

Decision rationale: The worker complains of severe pain, numbness and weakness of both the right and left hand (right greater than left) as a result of cumulative work injuries. It is stated he had conservative management and hand therapy was requested. There is no explanation as to whether the conservative management included diagnostic studies followed by therapy, including acupuncture, physical therapy, chiropractic manipulation, medications or a home-based exercise program. Per the American College of Occupational and Environmental Medicine guidelines, an electromyography for the upper extremity is not recommended for forearm, wrist and hand complaints. Therefore, the request for the electromyography right upper extremity is not medically necessary.

Nerve Conduction Velocity (NCV) Right Upper 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) Nerve Conduction Studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269,272.

Decision rationale: The worker complains of severe pain, numbness and weakness of both the right and left hand (right greater than left) as a result of cumulative work injuries. It is stated he had conservative management and hand therapy was requested. There is no explanation as to whether the conservative management included diagnostic studies followed by therapy, including acupuncture, physical therapy, chiropractic manipulation, medications or a home-based exercise program. Per the American College of Occupational and Environmental Medicine

Guidelines, nerve conduction velocity is recommended only for ulnar impingement at the wrist after failure of conservative treatment. Therefore, the request is not medically necessary.

Nerve Conduction Velocity (NCV) Left Upper 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) : Nerve Conduction Studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269,272.

Decision rationale: The worker complains of severe pain, numbness and weakness of both the right and left hand (right greater than left) as a result of cumulative work injuries. It is stated he had conservative management and hand therapy was requested. There is no explanation as to whether the conservative management included diagnostic studies followed by therapy, including acupuncture, physical therapy, chiropractic manipulation, medications or a home-based exercise program. Per the American College of Occupational and Environmental Medicine Guidelines, nerve conduction velocity is recommended only for ulnar impingement at the wrist after failure of conservative treatment. Therefore, the request is not medically necessary.