

Case Number:	CM14-0111859		
Date Assigned:	09/16/2014	Date of Injury:	01/10/2014
Decision Date:	10/15/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/17/2014

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 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:

Patient with reported date of injury on 1/10/2014. No mechanism of injury was provided for review. Patient has a diagnosis of repetitive strain injury, myofascial pain syndrome, bilateral wrist sprain, bilateral epicondylitis and possible peripheral neuropathy. Medical reports reviewed. Last report available until 7/10/14. Patient has pain involving bilateral elbows, wrists and hands. Pain is 6-7/10. R side had numbness involving middle finger and L side involves thumb, index and middle finger. Objective exam reveals tenderness to elbow, wrist and forearms. Normal motor exam. Normal deep tendon reflexes. Positive Tinel's and Phalen's test during prior visits but more recent visits were difficult to assess due to constant numbness. Patient is reportedly on ketoprofen, tramadol and flexeril. Independent Medical Review is for EMG of L upper extremity and EMG of R upper extremity. Prior UR on 7/8/14 recommended certification of nerve conduction studies and non-certification of EMGs.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262, 269, 272.

Decision rationale: NCV(Nerve Conduction Velocity) testing was already approved in another UR. As per ACOEM Guidelines, EMG is generally not necessary in the diagnosis of carpal tunnel syndrome. It may be useful in difficulty diagnosis after NCV has been done. The physician has documented symptoms consistent with carpal tunnel syndrome. There is no documentation of other concerns except for "possible peripheral neuropathy". EMG of upper extremity is not medically necessary.

EMG right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262, 269, 272.

Decision rationale: NCV(Nerve Conduction Velocity) testing was already approved in another UR. As per ACOEM Guidelines, EMG is generally not necessary in the diagnosis of carpal tunnel syndrome. It may be useful in difficulty diagnosis after NCV has been done. The physician has documented symptoms consistent with carpal tunnel syndrome. There is no documentation of other concerns except for "possible peripheral neuropathy". EMG of upper extremity is not medically necessary.