

Case Number:	CM14-0116118		
Date Assigned:	08/04/2014	Date of Injury:	08/01/2013
Decision Date:	09/10/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/23/2014

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 Family 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:

57 yr. old female claimant sustained a work injury on 7/15/2013 involving the neck and upper extremities. She was diagnosed with left lateral /medial epicondylitis, partial thickness tear of the extensor and radial collateral tendon, and left wrist tenosynovitis. An EMG of the left upper extremity was performed in January 2014 which was consistent with left carpal tunnel syndrome. A progress note on 6/24/14 indicated the claimant had limited flexion of the left elbow with tenderness in the epicondyles, thumb opposition was weak and carpal tunnel tenderness was present. The treating physician ordered bilateral EMG and NCVs of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) bilateral upper extremities: 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): 272.

Decision rationale: According to the ACOEM guidelines, routine EMG is not recommended for evaluation of nerve entrapment of the upper extremities. The claimant already had an EMG

previously indicating carpal tunnel syndrome. An additional EMG is not medically necessary of the upper extremities.

Nerve Conduction Velocity (NCV) bilateral upper extremities: 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): 272.

Decision rationale: According to the ACOEM guidelines, an NCV is indicated for evaluation of median or ulnar nerve entrapment. The claimant had a prior EMG and current clinical exam indicative of carpal tunnel syndrome and shoulder impingement. An NCV would not offer more information that would alter intervention or management. The request for an NCV is not medically necessary.