MAXIMUS Federal Services

Case Number:	CM14-0121101		
Date Assigned:	08/06/2014	Date of Injury:	08/29/2011
Decision Date:	10/03/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/31/2014

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:

This is a 55 year old female with a 8/29/2011 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 12/30/13 noted subjective complaints of burning pain on top of the hand. Objective findings included radial tunnel region tenderness, + Tinel's. Diagnostic Impression: carpal tunnel syndrome, bilateral lateral epicondylitisTreatment to Date: carpal tunnel release. UR decision dated 7/8/2014 denied the request for left upper extremity EMG/NCV. There are no current reports submitted which discuss the claimant's status including current subjective complaints as well as examination findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left upper extremity nerve conduction velocity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 178, 33-34, 19. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, there is no specific objective neurological dysfunction suggestive of radiculopathy on examination. Additionally, there is no documented failure of aggressive conservative treatment. Therefore, the request for left upper extremity nerve conduction velocity was not medically necessary.

Left upper extremity electromyography QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 33-34, 19. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, there is no specific objective neurological dysfunction suggestive of radiculopathy on examination. Additionally, there is no documented failure of aggressive conservative treatment. Therefore, the request for left upper extremity electromyography was not medically necessary.