

Case Number:	CM14-0135839		
Date Assigned:	08/29/2014	Date of Injury:	08/13/2012
Decision Date:	10/02/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/22/2014

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 Physical Medicine and Rehabilitation 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 patient sustained a cumulative trauma injury on 8/13/12 from repetitive work while employed by the [REDACTED]. The request(s) under consideration include Repeat EMG/NCV Right Upper Extremity. The Ortho Panel QME Med/Legal supplemental report of 4/1/14 noted patient with working diagnoses of bilateral carpal tunnel syndrome s/p right CTR; right trigger thumb treated conservatively. Review of the report from the provider in December 2013 intended the patient to be deemed permanent and Stationary. Previous report of 1/14/14 noted recommendation to complete physical therapy to assist in diminishing postoperative symptoms. It was noted upon completion of physical therapy; the patient will have reached MMI and be considered P&S. There was no recommendation for repeating any diagnostic studies. No other medical reports or information have been provided. The request(s) for Repeat EMG/NCV Right Upper Extremity was non-certified on 8/12/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Electromyogram (EMG) of the Right Upper Extremity:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Per the MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, or entrapment syndrome, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy or entrapment syndrome without specific consistent myotomal or dermatomal correlation to support for repeating the electrodiagnostics. The Repeat Electromyogram (EMG) of the Right Upper Extremity is not medically necessary.

Repeat Nerve Conduction Velocity (NCV) of the Right Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Per the MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, or entrapment syndrome, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy or entrapment syndrome without specific consistent myotomal or dermatomal correlation to support for repeating the electrodiagnostics. The Repeat Nerve Conduction Velocity (NCV) of the Right Upper Extremity is not medically necessary.