

Case Number:	CM14-0161427		
Date Assigned:	10/06/2014	Date of Injury:	06/12/2012
Decision Date:	11/21/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/01/2014

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 & 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:

The injured worker is a 39-year-old female who reported an injury on 06/12/2012 due to repetitive typing and data entry. The injured worker has a diagnosis of right wrist carpal tunnel syndrome, right wrist tenosynovitis, right upper extremity paresthesia in ulnar nerve distribution, left wrist carpal tunnel syndrome, left wrist tenosynovitis, and left upper extremity paresthesia in ulnar nerve distribution. Past medical treatment consist of therapy, the use of a night brace, massaging, heat, and medication therapy. Medications consist of ibuprofen. No diagnostics were submitted for review. On 08/20/2014, the injured worker complained of bilateral wrist pain. Examination of the wrist revealed that there was tenderness to palpation over the right radial styloid and the right dorsal wrist joint. JAMAR testing on the second notch was 22/25/25 on the right, and 25/20/19 on the left. Pinch testing on the right was 8/7/7, and 8/8/8 on the left. Phalen's testing was positive bilaterally. The medical treatment plan was for the injured worker to undergo an EMG of the right upper extremity and the left upper extremity. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) of the 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), Forearm, Wrist & Hand Section, and Carpal Tunnel Syndrome - Electromyography Section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities, including H reflex test, may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. The submitted documentation indicated that the injured worker has cervical pain. There was a lack of neurological deficits pertaining to the cervical spine. There was also a lack of evidence of a positive Spurling's test, decreased reflexes, decreased strength, or decreased sensation. An adequate examination of the injured worker was not provided detailing current deficits to warrant an EMG of the left upper extremity. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

Electromyogram (EMG) of the 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), Forearm, Wrist & Hand Section, and Carpal Tunnel Syndrome - Electromyography Section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities, including H reflex test, may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. The submitted documentation indicated that the injured worker has cervical pain. There was a lack of neurological deficits pertaining to the cervical spine. There was also a lack of evidence of a positive Spurling's test, decreased reflexes, decreased strength, or decreased sensation. An adequate examination of the injured worker was not provided detailing current deficits to warrant an EMG of the right upper extremity. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.