

Case Number:	CM14-0169934		
Date Assigned:	10/20/2014	Date of Injury:	08/21/2014
Decision Date:	11/20/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/15/2014

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 Anesthesia, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is a 51 year old female. The date of injury is 8/21/14. The patient sustained an injury to the right upper extremity, wrist and hand. The specific mechanism of injury was not fully elaborated on in the notes available for review. The patient currently complains of pain in the right arm worse with movement. An EMG report dated 3/31/2010 indicates carpal tunnel syndrome. A request for EMG/NCV of the right upper extremity was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Electromyography/Nerve for the right upper extremity as an outpatient: 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.

Decision rationale: According to the ACOEM guidelines, chapter 11, wrist complaints, an EMG may be indicated when a nerve entrapment is suspected based on physical exam and patient symptoms complaint. According to the documents available for review, the patient previously underwent an EMG on 3/31/2010 which indicated a carpal tunnel syndrome. According to the

documents available for review, there is no indication as to why a new EMG would be necessary. Therefore at this time the requirements for treatment have not been met, and (1) Electromyography/Nerve for the right upper extremity as an outpatient is not medically necessary.