

Case Number:	CM14-0175839		
Date Assigned:	10/28/2014	Date of Injury:	06/26/2013
Decision Date:	12/05/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/23/2014

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 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 an injury on 6/26/13 while employed by [REDACTED]. Request(s) under consideration include EMG/NCV of the bilateral upper extremities. Diagnoses include Left DeQuervain's tenosynovitis; right wrist sprain/strain; and right shoulder sprain/strain. Report of 9/8/14 from the provider noted the patient with constant chronic left wrist pain with burning sensation increased with activities of grabbing and grasping of the thumb; left shoulder with aching pain worsen with reaching and movement; associated with numbness, tingling and weakness in the left upper extremity and right wrist. Conservative care has included medications, therapy, and modified activities/rest. Exam showed left wrist with tenderness along joint line and at base of first digit; proximal forearm musculature; guarded motion; left shoulder with tenderness over anterior glenohumeral joint, guarding during range; limited range of abd of 140 degrees; diffuse tenderness and spasm over left trapezius and periscapula region; right wrist with mild tenderness over joint line. The request(s) for EMG/NCV of the bilateral upper extremities was non-certified on 10/16/14 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:

EMG/NCV of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260. Decision based on Non-MTUS Citation Carpal Tunnel Syndrome Procedure Summary last updated 2/20/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178; Special Studies and Diagnostic and Treatment Considerations.

Decision rationale: This patient sustained an injury on 6/26/13 while employed by [REDACTED]. Request(s) under consideration include EMG/NCV of the bilateral upper extremities. Diagnoses include Left DeQuervain's tenosynovitis; right wrist sprain/strain; and right shoulder sprain/strain. Report of 9/8/14 from the provider noted the patient with constant chronic left wrist pain with burning sensation increased with activities of grabbing and grasping of the thumb; left shoulder with aching pain worsen with reaching and movement; associated with numbness, tingling and weakness in the left upper extremity and right wrist. Conservative care has included medications, therapy, and modified activities/rest. Exam showed left wrist with tenderness along joint line and at base of first digit; proximal forearm musculature; guarded motion; left shoulder with tenderness over anterior glenohumeral joint, guarding during range; limited range of abd of 140 degrees; diffuse tenderness and spasm over left trapezius and periscapula region; right wrist with mild tenderness over joint line. The request(s) for EMG/NCV of the bilateral upper extremities was non-certified on 10/16/14. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with peripheral neuropathy or entrapment syndrome, radiculopathy, foraminal or spinal stenosis, medical necessity for EMG and NCV has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any entrapment syndrome or cervical radiculopathy only with continued diffuse tenderness without neurological deficits without specific consistent myotomal or dermatomal correlation to support for the electrodiagnostics. There was no documented failed conservative trial for this chronic injury without new injury or acute changed findings. The EMG/NCV of the Bilateral Upper Extremities is not medically necessary and appropriate.