

Case Number:	CM14-0175949		
Date Assigned:	10/29/2014	Date of Injury:	05/13/2011
Decision Date:	12/05/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/24/2014

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 5/13/11 while employed by [REDACTED]. Request(s) under consideration include EMG (BUE) of bilateral upper extremities and NCV (BUE) of the bilateral upper extremities. Diagnosis included crushing left digit injury; left wrist sprain; left thumb CMC (Carpometacarpal) joint pain; left DeQuervain's disease; left thumb pain status post MCP (Metacarpophalangeal) fusion and CMC hemiresection 8/15/12; status post CMC arthroplasty with EPB transfer 9/25/13. Report of 9/11/14 from the provider noted the patient with ongoing chronic left thumb pain rated at 5-6/10 that radiates to the forearm with associated numbness, popping, burning, and tingling. Conservative care has included medications, therapy, left thumb splint, thumb injection, and modified activities/rest. Exam showed left thumb with limited IP (interphalangeal) motion; positive CMC joint tenderness over skyline; no triggering appreciated; positive Tinel's over superficial radial nerve. Treatment recommendation included EMG/NCS to rule out ulnar nerve entrapment. The request(s) for EMG (BUE) of bilateral upper extremities and NCV (BUE) of the bilateral upper extremities were non-certified on 9/22/14 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 (BUE) bilateral upper extremities: Upheld

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

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

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for EMG has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy, only with continued diffuse pain, intact motor strength, and diffuse decreased sensation without specific consistent myotomal or dermatomal correlation to support for the electrodiagnostics. There was no documented failed conservative trial for this chronic 2011 injury without new injury or acute changed findings. The EMG (BUE) bilateral upper extremities are not medically necessary and appropriate.

NCV (BUE) bilateral upper extremities: Upheld

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

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

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with peripheral neuropathy or entrapment syndrome, medical necessity for NCV has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any entrapment syndrome, only with continued diffuse pain and tenderness without specific consistent myotomal or dermatomal correlation to support for the electrodiagnostics. There was no documented failed conservative trial for this chronic 2011 injury without new injury or acute changed findings. The NCV (BUE) bilateral upper extremities are not medically necessary and appropriate.