

Case Number:	CM14-0036687		
Date Assigned:	06/25/2014	Date of Injury:	03/28/2012
Decision Date:	08/13/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/26/2014

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 Nevada. 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 40-year-old female who was reportedly injured on March 28, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated January 3, 2014, indicates that there are ongoing complaints of pain at the left shoulder, left elbow and left wrist, as well as numbness and tingling of the right wrist/hand. There are no complaints of any neck pain. The physical examination demonstrated tenderness at the medial epicondyle of the left elbow and along the right forearm. There was a positive Tinel's and Phalen's test at both wrists. Diagnostic imaging studies of the right wrist/hand were normal. The treatment plan included physical therapy for the right wrist/hand, acupuncture for the left upper extremity and continuing existing medications. Previous treatment includes acupuncture. A request had been made for electromyogram/nerve conduction velocity studies of the right upper extremity and was not certified in the pre-authorization process on March 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

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

Decision rationale: A review of the medical record indicates that the injured employee has had previous electromyogram/nerve conduction velocity (EMG/NCV) studies of the upper extremities, however those results are not available for review. It is also unclear why another repeat study is requested so soon after the initial studies. For these reasons this request for EMG/NCV of the right upper extremity is not medically necessary.