

Case Number:	CM14-0039963		
Date Assigned:	06/27/2014	Date of Injury:	09/19/2013
Decision Date:	08/14/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/04/2014

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 Family Medicine 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:

35 years old female claimant sustained a work injury on 9/19/13 involving the right hand. A progress note on 12/16/13 indicated the claimant had intermittent pain and paresthasias in her right hand. She was performing all daily living activities. She had undergone therapy and used analgesics after the injury. Exam findings were noted for a mildly positive Tinel's sign. Range of motion was normal in the right in hand. Sensation as well as motor function was unremarkable. There was mild tenderness over the carpal canal. The treating physician requested EMG (Electromyography) and NCV (Nerve Conduction Velocity) testing of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) for Right Upper Extremities as an Outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the ACOEM guidelines, EMG testing is not recommended in diagnostic evaluation of nerve entrapment or screening in patients without symptoms. Therefore,

the request of EMG (Electromyography) for Right Upper Extremities as an Outpatient is not medically necessary and appropriate.

NCS (Nerve Conduction Studies) for Right Upper Extremities as an Outpatient:
Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the ACOEM guidelines, NCV (Nerve Conduction Velocity) testing is recommended for median or ulnar nerve impingement after failure of conservative treatment. Conservative treatment includes: analgesics and therapy. She had undergone therapy, pain medication and wrists support. Based on the above, NCS (Nerve Conduction Studies) for Right Upper Extremities as an Outpatient is medically necessary and appropriate.