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| Case Number: | CM14-0081720 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 09/30/2008 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 05/22/2014 |
| Priority: | Standard | Application Received: | 06/03/2014 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 40 year old female with a 9/30/2008 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated did not note any subjective complaints. Objective findings included tenderness along the cervical paraspinals, upper trapezius and periscapular regions. There is also tenderness along the radial wrist, palmar wrist, and elbow. Some paresthesias are noted in the left hand. Diagnostic Impression: bilateral de Quervain's tenosynovitis, bilateral elbow and shoulder pain with lateral epicondylitis, cervical and upper shoulder strain Treatment to Date: medication management. A UR decision dated 5/22/14 denied the request for EMG/NCV of the bilateral upper extremities. The documentation submitted for review did not indicate the patient had participated in a conservative care plan to include a physical modality. The documentation submitted for review did not indicate the patient's condition as worsening or not improving.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Velocity (NCV) of 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 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter.

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. The provided documentation available for review did note some paresthesias of the left hand. However, there were no abnormal neurological signs or symptoms noted to the right upper extremity. Furthermore, there was no clear documentation of significant conservative therapy. With a 2008 original date of injury, it is unclear how much, if any, treatment modalities such as physical therapy the patient has received. Therefore, the request for nerve conduction velocity (NCV) of right upper extremity was not medically necessary.

Electromyography (EMG) of left 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 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter.

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