

Case Number:	CM13-0045562		
Date Assigned:	12/27/2013	Date of Injury:	03/12/2011
Decision Date:	01/30/2015	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/12/2013

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 Practice, 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:

The injured worker is a 33-year-old female who sustained an industrial injury 03/12/11. Treatment request was for an updated bilateral EMG/NCV for a diagnosis of carpal tunnel syndrome. The patient was injured in 2011 by squeezing icing tubes. The patient was reevaluated 10/22/13 which he showed persistent pain in the palm with numbness and tingling that extended in the finger and into the thumb. Patient had positive Tinel's sign and the right-hand grip strength was weaker than the left side. The physician reviewed previous electrodiagnostic studies (EDS) that were consistent with right carpal tunnel syndrome (CTS). Previous EMG did not show evidence of cervical radiculopathy. The primary treating physician's progress report dated 12/19/13 noted the patient continued to have wrist pain and numbness. She noted medications were helpful and she rated her pain at 8/10 before medications, coming down to 5/10 or 6/10 with the medication. Current medications she was taking was Norco 10/325, Voltaren Extended Release 100 mg, and Elavil 10 mg. Utilization review report denied the need for a repeat updated electromyogram (EMG) and nerve conduction velocity studies of the right upper extremity was not established by the clinical information support. Diagnoses were status post right carpal tunnel, May 2013; EMG/NCV studies on September 2011 consistent with mild right carpal tunnel syndrome; Chronic neck and right shoulder discomfort, MRI of cervical 01/18/13 was negative; Chronic neck pain. Cervical spine dated 01/18/13 showed no disk herniation or stenosis. Treatment plan showed she will continue her medications. She can continue her medications, Norco, Voltaren, and Elavil and will schedule updated nerve condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram/nerve conduction velocity (EMG/NCV) of the right upper extremity:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 28-29, Chronic Pain Treatment Guidelines Presenting Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), EMG/NCV of Bilateral Upper Extremities.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. This request is not reasonable as there is no indication that claimant attempted multiple conservative measures and failed. Therefore, the request is not medically necessary and appropriate.