

Case Number:	CM13-0052046		
Date Assigned:	06/09/2014	Date of Injury:	11/15/2011
Decision Date:	05/15/2015	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/15/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 44 year old female, who sustained an industrial injury on 11/15/2011. Diagnoses include right carpal tunnel syndrome with right upper extremity strain, possible shoulder impingement and possible epicondylitis. Treatment to date has included diagnostics including EMG (electromyography)/NCV (nerve conduction studies) medications, acupuncture, physical therapy and modified work. Per the Initial Consultation Report dated 4/09/2013 the injured worker reported right upper extremity discomfort. Physical examination revealed tenderness in the upper parascapular region near the scapular angle. There was minimal AC joint tenderness and very mild impingement sign. There was distinct tenderness over the medial and lateral epicondylar region with very mild fullness in that area. There was a distinctly positive Tinel's overlying the median nerve at the wrist along median nerve compression and wrist flexion test. The plan of care included possible surgical intervention and further testing, and authorization was requested for EMG/NCV (nerve conduction studies) of the upper extremities. (EMG/NCV for the right upper extremity has been authorized.)

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Electrodiagnostic testing (EMG/NCS).

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

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. In this case the patient has undergone right carpal tunnel release and is now experiencing left upper extremity discomfort. There is no documentation of symptoms of radicular pain and there are no documented focal motor or sensory deficits of the left upper extremity. In addition documentation does not support that there had been a significant change in the patient's condition. Medical necessity has not been established. The request is not medically necessary.

NCV left upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Electrodiagnostic testing (EMG/NCS).

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

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. In this case the patient has undergone right carpal tunnel release and is now experiencing left upper extremity discomfort. There is no documentation of symptoms of radicular pain and there are no documented focal motor or sensory deficits of the left upper extremity. In addition documentation does not support that there had been a significant change in the patient's condition. Medical necessity has not been established. The request is not medically necessary.