

Case Number:	CM14-0186505		
Date Assigned:	11/14/2014	Date of Injury:	06/11/2010
Decision Date:	01/05/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/10/2014

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 New Jersey. 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 worker is a 44 year old female who was injured on 6/11/2010. She was diagnosed with pain in upper arm joint, bilateral lateral epicondylitis, bilateral carpal tunnel syndrome, De Quervain's tenosynovitis, and right ulnar neuritis. She was treated with medications and prolotherapy injection to her left elbow. She was later returned to work at full duty. She however, continued to experience symptoms from her injury. On 9/19/14, the worker was seen by her primary treating physician complaining of left elbow and wrist after a recent prolotherapy injection. Physical examination findings included tenderness to left and right lateral epicondyle and common extensor tendons (left more than right), positive Tinel's over left carpal tunnel and left cubital fossa and also a weakly positive Tinel's over the right carpal tunnel and weakly positive over the right cubital fossa. It was noted by the provider that a nerve testing was completed back in 8/2014, the results were not present to review and discuss. Regardless, the provider requested EMG/NCV testing of the upper extremities to rule out carpal tunnel syndrome/neuropathy.

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 Chronic Pain Treatment Guidelines Page(s): 8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or a 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, there was evidence that recent EMG/NCV testing was performed and waiting results, although this is not clear in the notes provided. A request for more nerve testing if this is correct, would be inappropriate and redundant. Also, there was weak evidence for carpal tunnel and cubital tunnel syndromes and no evidence for cervical radiculopathy that would likely benefit from nerve testing. Therefore, the right upper extremity nerve testing is not medically necessary.