

Case Number:	CM14-0194433		
Date Assigned:	12/02/2014	Date of Injury:	08/01/2005
Decision Date:	02/11/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/20/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 08/09/05 when she developed bilateral wrist and hand pain while working as a Packer. Treatments included medications, injections, and physical therapy. She has not worked since January 2013. She was seen on 08/18/14. She was having right medial and lateral elbow pain and intermittent right wrist pain. She was not having any left upper extremity symptoms. Prior EMG/NCS testing in February 2013 and MRI scans of the cervical and thoracic spine in April 2013 had been normal. Physical examination findings included negative Spurling's testing with normal and pain free cervical spine range of motion. She had medial and lateral epicondyle tenderness. There was diffuse right wrist tenderness. There were negative Tinel's and negative Finkelstein and Phalen's tests. Repeat EMG/NCS testing was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic),

Electrodiagnostic testing (EMG/NCS) (2) Carpal Tunnel Syndrome (Acute & Chronic):
Electrodiagnostic studies (EDS); Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic bilateral wrist and hand pain with numbness and tingling. Testing has already included EMG/NCS in February 2013 which was normal. When seen by the requesting provider, she had wrist tenderness without neurological deficit and negative Tinel's and Phalen's tests. Indications for repeat testing include the following: (1) The development of a new set of symptoms (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barr syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has already had EMG/NCS testing and none of the above indications is present. Repeat testing is not medically necessary.