

Case Number:	CM14-0197309		
Date Assigned:	12/05/2014	Date of Injury:	03/24/2008
Decision Date:	01/16/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency Medicine 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 49 year-old female, who sustained an injury on March 24, 2008. The mechanism of injury is not noted. Diagnostics have included: December 17, 2013 EMG/NCV. Treatments have included: 2012 right shoulder decompression, physical therapy, medications. The current diagnoses are: shoulder osteoarthritis, carpal tunnel syndrome, s/p right shoulder decompression. The stated purpose of the request for EMG/NCS upper extremity was to address increased numbness and tingling despite conservative treatment. The request for EMG/NCS upper extremity was modified for the right upper extremity on October 22, 2014, citing a lack of documentation of left-sided indications. Per the report dated October 15, 2014, the treating physician noted complaints of neck pain with radiation to the right hand with numbness. Exam findings included cervical paraspinal tenderness, decreased right triceps and brachioradialis reflexes, decreased right C7 sensation, positive right Phalen's sign.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS 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 (ODG) Forearm,Wirst, & Hand. Carpal Tunnel Syndrome www.odg-twc.com

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 272-273.

Decision rationale: The requested EMG/NCS upper extremity is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Chapter 11 - Forearm, Wrist, Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, Pages 268-269, 272-273; note that Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option, and recommend electrodiagnostic studies with documented exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials, that are in need of clinical clarification. The injured worker has neck pain with radiation to the right hand with numbness. The treating physician has documented cervical paraspinal tenderness, decreased right triceps and brachioradialis reflexes, decreased right C7 sensation, positive right Phalen's sign. The treating physician has not documented sufficient positive exam findings related to the left upper extremity. The criteria noted above not having been met, EMG/NCS upper extremity is not medically necessary.