

Case Number:	CM14-0201288		
Date Assigned:	12/11/2014	Date of Injury:	05/25/2011
Decision Date:	02/28/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/02/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 patient is a 52 year old female with date of injury of 05/25/2011. The mechanism of injury is repetitive motion injury from typing and data entry in Accounts Payable. The patient complains of numbness in both hands and wrists up to the elbows with numbness in the little finger. The patient's diagnosis is sprains, strain of wrist, carpal tunnel syndrome, lesion of ulnar nerve, sprain/strain of unspecified site of elbow and forearm. 02/05/2014 the patient had surgery on the left hand and also a right carpal tunnel release. A second surgery was done of the left hand 08/07/2013. Treatments have included physical therapy on each side, Gabapentin, Tramadol, physical therapy, acupuncture and injections. The patient has constant discomfort and a pain scale rated between 5 and 9. The patient drops things, has stiffness, weakness, numbness and burning sensations in her hands. The patient has not worked since 05/25/2011. The records state the patient had an EMG/NCV on 08/01/2014 which showed a mild right C5 chronic radiculopathy but did not show any peripheral neuropathy including the carpal tunnel syndrome. There was no documentation of changes in clinical findings to support need for repeat EMG/NCV. Utilization Review dated 11/06/2014 denied request for EMG/NCV of bilateral upper extremities per CA MTUS ACOEM Guidelines, Neck and Upper Back complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography)/ NCV (Nerve Conduction Velocity) study of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for EMG/NCV study of bilateral upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, there are no recent physical examination findings identifying any changes since the patients last EMG/NCV study recently performed on August 1, 2014. In the absence of such documentation, the currently requested EMG/NCV study of bilateral upper extremities is not medically necessary.