

Case Number:	CM15-0009582		
Date Assigned:	01/27/2015	Date of Injury:	09/15/2000
Decision Date:	11/03/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/16/2015

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, West Virginia, Pennsylvania
 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 63 year old female, who sustained an industrial injury on 9-15-00. The injured worker is being treated for cervicgia, cervical degenerative disc disease, cervical spondylolisthesis at C3-4 with facet arthropathy and bilateral carpal tunnel syndrome. Treatment to date has included carpal tunnel braces (aggravated her condition), oral medications including Aleve and activity modifications. On 12-29-14, the injured worker complains of numbness and tingling in fingertips of both hands. Physical exam performed on 12-29-14 revealed minimal tenderness at the vertebral prominence of cervical spine and patchy hypesthesia to pinprick and light touch in the fingertips of both hands in the median nerve distribution, more left than right; positive Durkin's Phalen's and Tinel's at bilateral wrist with good grip strength. A request for authorization was submitted on 1-2-15 for (EMG) Electromyogram-(NCV) Nerve Condition Velocity studies of bilateral upper extremities. On 1-12-15 a request for authorization was non-certified by utilization review for (EMG) Electromyogram-(NCV) Nerve Condition Velocity studies of bilateral upper extremities.

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 Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: Guidelines recommend EMG to help identify subtle focal neurologic dysfunction in patients with neck and/or arm pain lasting more than 3-4 weeks and where carpal tunnel is not clinically obvious. In this case, the patient has known carpal tunnel syndrome and there are no new findings that differ from findings on the prior exams. Furthermore, conservative modalities have not been exhausted. The request for EMG Right Upper Extremity is not medically appropriate and necessary.