

Case Number:	CM15-0100812		
Date Assigned:	06/25/2015	Date of Injury:	02/18/2015
Decision Date:	07/24/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/26/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40-year-old male who sustained a work related injury February 18, 2015. According to a primary treating physician's report, dated May 6, 2015, the injured worker presented with complaints of increased pain and numbness in the arms. Objective findings included; provocative maneuvers for thoracic outlet syndrome are positive bilaterally, there is slight trapezial and parascapular tenderness, and Spurling's test is negative. The Tinel's and elbow flexion tests are positive at the cubital tunnels bilaterally, Tinel's positive at the carpal tunnels bilaterally and Phalen's test is positive bilaterally. There is slight volar forearm tenderness bilaterally. Diagnoses are bilateral thoracic outlet syndrome; bilateral cubital and carpal tunnel syndrome; bilateral forearm tendinitis; trapezial and parascapular strain. Treatment plan included continued therapy, and non-steroidal anti-inflammatory medication, continue with working light duties, and at issue, a request for authorization for NCS/EMG (electromyography and nerve conduction studies).

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS/EMG (B) Median and Ulnar Wrist, Elbow and Neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, there are no signs of neurologic compromise on objective physical exam. Additionally, there is no indication that the injured worker has failed with efforts of conservative treatment prior to request for EMG/NCV. The request for NCS/EMG (B) Median and Ulnar Wrist, Elbow and Neck is determined to not be medically necessary.