

Case Number:	CM15-0106345		
Date Assigned:	06/29/2015	Date of Injury:	07/10/2013
Decision Date:	07/30/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/02/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 36 year old female patient, who sustained an industrial injury on 7/10/13. The diagnoses include overuse syndrome right upper extremity; de Quervain's tendinitis right wrist. Per the PR-2 notes dated 5/19/15, she was taking Aleve for the right wrist pain and there was no improvement since her last visit. She was favoring her left hand now due to the pain in her right wrist. The physical examination revealed diminished sensation in her right index finger. He discusses her medications and usage and required continuation of palliative medications as prescribed to provide temporary relief. The medications list includes OTC Aleve. The patient was prescribed a Neoprene wrist/thumb wrap. The provider documented in his treatment plan that she was scheduled for an Agreed Medical Evaluation (AME) on 7/1/15. She has had a MR arthrogram of the right shoulder dated 2/26/15 which revealed moderate severity lateral outlet stenosis impingement related tendinosis and peritendinitis of the supraspinatus and infraspinatus tendons distally about the footplate, no evidence of rotator cuff macro tear, mild AC joint arthrosis with non-enhancing subacromial/subdeltoid bursitis, no evidence of contrast imbibing labral tears; a MRI of the cervical spine dated 2/26/15 which revealed mild straightening of the normal cervical lordosis, no evidence of compressive discopathy, central canal stenosis or foraminal impingement. Treatment to date has included physical therapy; medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 177-178 and 268-269.

Decision rationale: Per the ACOEM guidelines "Electromyography (EMG), and nerve conduction velocities(NCV), 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." In addition, per the cited guidelines "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." Patient had right wrist pain with diminished sensation in her right index finger. Evidence of neurological deficits in the left upper extremity is not specified in the records provided. In addition, per the cited guidelines "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out." Response to previous conservative therapy including physical therapy visits is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. In addition patient had a MRI of the cervical spine dated 2/26/15 which revealed mild straightening of the normal cervical lordosis, no evidence of compressive discopathy, central canal stenosis or foraminal impingement. Significant changes since the MRI that would require additional diagnostic study are not specified in the records provided. EMG/NCS of the bilateral upper extremities is not medically necessary for this patient at this time.