

Case Number:	CM15-0106495		
Date Assigned:	06/10/2015	Date of Injury:	04/01/2014
Decision Date:	07/13/2015	UR Denial Date:	05/27/2015
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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 52 year old female, who sustained an industrial injury on 4/01/2014, due to repetitive strain use of hands. The injured worker was diagnosed as having left wrist and left elbow tendinitis, myofascial pain syndrome, left shoulder strain, and repetitive strain. Treatment to date has included wrist splint, diagnostics, modified work, physical therapy, chiropractic, acupuncture, and medications. Electromyogram and nerve conduction studies (3/09/2015) were submitted, noting a normal study of the left upper limb. Symptoms at that time included left upper limb pain and hand numbness, worse at the first three fingers. Electrodiagnostic studies of the left upper limb were requested to evaluate carpal tunnel syndrome versus cervical radiculopathy or other nerve neuropathy. Currently (4/14/2015), the injured worker reported that electro-acupuncture had been helpful in controlling some of her pain and discomfort. She still had pain and wished to continue treatment. Physical exam noted tenderness of the left shoulder, elbow, and wrist, and swelling was noted also. She had full range of motion and strength was 5-/5. Deep tendon reflexes were 2/2 and Tinel's and Phalen's tests were positive. Her work status was partial temporary disability. The treatment plan included electromyogram and nerve conduction studies for the left wrist. A rationale for the requested treatment was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, EMG/NCV.

Decision rationale: Pursuant to the official disability guidelines, EMG/NCS left wrist is not medically necessary. EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies. Nerve conduction studies are recommended in patients with clinical signs of carpal tunnel syndrome may be candidates for surgery. Carpal tunnel syndrome must be proved by positive findings on clinical examination and should be supported by nerve conduction tests before surgery was undertaken. In this case, the injured worker's working diagnoses are left wrist and left elbow tendinitis; myofascial pain syndrome; left shoulder strain; and repetitive strain. The injured worker had an EMG of the left upper extremity on March 9, 2015. The latencies were normal in the left median, ulnar and radial nerves. The remainder of the EMG of the upper extremity left was also unremarkable. The request for authorization is dated March 15, 2015. The progress note dated April 14, 2015 indicates the injured worker is receiving electrol acupuncture treatment that has been helpful to control pain and discomfort. There are no specific subjective complaints noted. Objectively, there was tenderness and swelling in the left shoulder, elbow and wrist. Motor strength was 5/5. There was no neurological evaluation of the upper extremities. The treatment plan does not contain a clinical entry/discussion for EMG/NCS. There was no clinical evidence of carpal tunnel syndrome on physical examination (or historically) and there is no contemplated surgery for carpal tunnel syndrome. Consequently, absent clinical documentation with the clinical rationale for EMG/NCS of the left wrist, documentation indicating the left upper extremity EMG was performed March 9, 2015 that included the median, ulnar and radial nerve latencies (that were normal), EMG/NCS left wrist is not medically necessary.