

Case Number:	CM15-0107223		
Date Assigned:	06/11/2015	Date of Injury:	02/23/2011
Decision Date:	07/13/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/03/2015

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: Massachusetts

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 injured worker is a 61 year old female who sustained an industrial injury on 2/23/11 involving the left knee and felt to be compensable consequence of right knee injury in 2007. She was treated with left knee injection, which was of no benefit. On 8/10/11, she had a left knee arthroscopy without benefit. She had an Orthovisc injection which again was not effective and on 7/23/12 had a total knee arthroplasty. She then developed spasms of the left lower extremity. She currently complains of left knee pain and involuntary movement and spasm; right hand with intermittent numbness and tingling. On physical exam of the left knee, there was slight tenderness in the medial aspect on palpation; right knee ecchymosis was noted. She uses a walker for assistance. Medications are gabapentin, Cyclobenzaprine and ibuprofen. Treatments to date include left knee brace. She had x-rays of left knee but results unclear. In the progress note dated 5/12/15 the treating provider's plan of care includes a request for right upper extremity electromyography/ nerve conduction studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV right upper extremity: Overturned

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), Forearm, Wrist and Hand (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) (2) Carpal Tunnel Syndrome (Acute & Chronic): Electrodiagnostic studies (EDS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work-related injury in February 2011 with injury to the knees. She has right hand numbness and tingling attributed to use of a walker. When seen, there were positive Phalen and Tinel tests and carpal compression testing was positive. Prior treatments have included physical therapy, medications, and use of a splint. Nerve conduction testing is recommended in patients with clinical signs of CTS who may be candidates for surgery. Needle electromyography (EMG) may be helpful as part of electrodiagnostic studies which include nerve conduction studies. In this case, the claimant has ongoing complaints and physical examination findings consistent with carpal tunnel syndrome. Conservative treatments have been tried. Therefore, the requested testing was medically necessary.