

Case Number:	CM15-0019103		
Date Assigned:	02/09/2015	Date of Injury:	07/29/2013
Decision Date:	04/08/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old female, who sustained an industrial injury on July 29, 2013. The diagnoses have included right de Quervain's tenosynovitis, epicondylitis, wrist osteoarthritis, triangular fibrocartilage complex tear and carpal tunnel syndrome. A progress note dated January 15, 2015 provides the injured worker is having a flare up of numbness and pain in the right hand. She is wearing a brace and rates the pain 5/10. On January 20, 2015 utilization review non-certified a request for Injection around FPL (flexor pollicis longu) and FPB (fleur pollicis brevis) under ultrasound of right hand and NCS/EMG of the right arm. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated February 2, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS/EMG of the right arm: 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), Forearm, Wrist and Hand Chapter, EMG/NCV, Carpal Tunnel Syndrome Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, Electrodiagnostic Studies.

Decision rationale: This patient presents with right hand numbness and pain in the base of the thumb. The current request is for NCS/EMG OF THE RIGHT ARM. ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The ODG guidelines state that EMG is recommended as an option in selected cases. ODG further states regarding EDX and Carpal Tunnel Syndrome, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." The patient has a listed diagnosis of carpal tunnel syndrome. The treating physician under treatment plan requests "repeat NCS/EMG studies to look for CTS." There is no documentation of progressive neurological changes affecting the upper extremities to warrant a repeat EMG. The requested EMG/NCV IS NOT medically necessary.