

Case Number:	CM15-0132321		
Date Assigned:	07/20/2015	Date of Injury:	10/14/2014
Decision Date:	08/27/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/08/2015

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 33 year old female with an industrial injury dated 10/14/2014. The injured worker's diagnoses include chronic myofascial pain syndrome in the bilateral flexor and extensor musculature of the bilateral forearm, probable bilateral carpal tunnel syndrome and acute traumatic contusion of the right distal dorsal aspect of the right forearm. Treatment consisted of diagnostic studies, prescribed medications, chiropractic physiotherapy and periodic follow up visits. In a progress note dated 04/27/2015, the injured worker reported pain in bilateral forearm musculature with pain traveling into bilateral hands. The injured worker also reported pain in her right distal radial aspect of the right forearm where the 10/14/2014 industrial injury contusion occurred. Objective findings revealed diffuse tenderness to palpitation in the bilateral forearms flexor/extensor musculature, resisted extension/flexion of bilateral wrists with increased pain and decreased sensation in the bilateral median nerve distributions. The treating physician prescribed services for Electromyography (EMG) /Nerve conduction velocity (NCV) bilateral upper extremities, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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, the available documentation does not provide evidence of nerve compromise or radiculopathy. The request for EMG/NCV bilateral upper extremities is determined to not be medically necessary.