

Case Number:	CM15-0136561		
Date Assigned:	07/24/2015	Date of Injury:	01/10/2014
Decision Date:	08/27/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/14/2015

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:

The injured worker is a 49-year-old female with an industrial injury dated 01/10/2014. The injured worker's diagnoses include repetitive strain injury, myofascial pain syndrome, bilateral wrist sprain/strain injury, bilateral lateral epicondylitis, and possible peripheral neuropathy. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/28/2015, the injured worker presented for comprehensive visit. Objective findings revealed brace present on bilateral wrist, numbness and tingling in her right middle finger and on the left side of her thumb, index and middle fingers. The treating physician reported the inability to test for Phalen's and Tinel's due to the injured worker's constant numbness and tingling. The treating physician requested services for electromyography (EMG) of the bilateral upper extremities, now under review. The medication list includes Tramadol, Neurontin, Medrol dose pack, Percocet, Flexeril and Ketoprofen. Patient had received cortisone injection for this injury. The patient had received an unspecified number of the PT visits for this injury. Any diagnostic imaging report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: EMG of the bilateral upper extremities Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. 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." The injured worker's diagnoses include repetitive strain injury, myofascial pain syndrome, bilateral wrist sprain/strain injury, bilateral lateral epicondylitis, and possible peripheral neuropathy. In a progress note dated 05/28/2015, the Objective findings revealed brace present on bilateral wrist, numbness and tingling in her right middle finger and on the left side of her thumb, index and middle fingers. The treating physician reported the inability to test for Phalen's and Tinel's due to the injured worker's constant numbness and tingling. The patient has already received a period of conservative care including medications, a cortisone injection and PT visits for this injury. The pt could have peripheral neuropathy. It is necessary to do electro-diagnostic studies to confirm the presence of neuropathy and to determine the cause of the neurological symptoms in the upper extremities. The request for EMG of the bilateral upper extremities is medically appropriate and necessary for this patient at this time.