

Case Number:	CM15-0144907		
Date Assigned:	08/05/2015	Date of Injury:	09/23/2009
Decision Date:	09/02/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/27/2015

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 50 year old female who sustained an industrial injury on 09-23-2009. Mechanism of injury was repetitive stress. Diagnoses include carpal tunnel syndrome, arthropathy not otherwise specified of the hand, arthropathy not otherwise specified of the upper arm, and cervicgia. Treatment to date has included diagnostic studies, medications, use of ice and heat, exercise, physical therapy, nerve blocks, Transcutaneous Electrical Nerve Stimulation unit, chiropractic sessions, bilateral carpal tunnel release and bilateral ulnar nerve transposition. Current medications include Tylenol, Ibuprofen, LidoPro ointment, Ambien and Adderall. She is working full time. A physician progress note dated 06-12-2015 documents the injured worker and complained of neck and upper left upper extremity pain that she rates as a 10 out of 10. The pain is described as aching, burning and sharp and it radiates to the left shoulder down to her fingers. She has tingling in her hands. The cervical range of motion is restricted. There is pain with cervical facet loading on the left side. There was a positive phalanx sign with the left wrist. She also complains of a headache in the right temporal, frontal and right parietal regions. Her quality of sleep is poor. The treatment plan includes following up with the psychologist. Treatment requested is for Electromyography of bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Bilateral upper extremities): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Nerve conduction studies.

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

Decision rationale: The patient is s/p carpal tunnel release and bilateral ulnar nerve transposition with chronic upper extremity symptoms and findings. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, or entrapment syndrome, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy or entrapment syndrome, only with continued diffuse pain with headaches and psychological issues without specific consistent myotomal or dermatomal correlation to support for electrodiagnostics without any report of new injury, acute flare-up, or red-flag conditions, currently working full time. The EMG (Bilateral upper extremities) is not medically necessary and appropriate.