

Case Number:	CM15-0180269		
Date Assigned:	09/22/2015	Date of Injury:	03/13/2015
Decision Date:	10/26/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/14/2015

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: Arizona, 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:

This 51 year old male sustained an industrial injury via cumulative trauma on 3-13-15. Documentation indicated that the injured worker was receiving treatment for trigger finger of both hands and thoracic spine pain. Previous treatment included physical therapy, an injection and medications. In a PR-2 dated 6-9-15, the injured worker reported an improvement in his left ring finger pain and triggering after receiving a cortisone injection on 4-20-15. The injured worker complained of mild palmar pain and mild triggering of the left long finger. The injured worker no longer reported triggering or pain in his right long finger or ring finger. The injured worker reported that his back pain was gone. The injured worker continued to experience intermittent numbness, tin and weakness in bilateral upper extremities. The injured worker was awaiting approval for upper extremity electromyography and nerve conduction velocity test. In an interim orthopedic report dated 8-12-15 the injured worker now had complaints of pain in the neck and upper extremities with numbness in both hands. The injured worker stated that his fingers "felt fat". Physical exam was remarkable for triggering of the left long finger and positive Phalen's and Tinel's sign bilaterally. The physician stated that it was his opinion that the injured worker probably had carpal tunnel syndrome. The physician recommended electromyography and nerve conduction velocity test of the cervical spine and upper extremities and continuing Meloxicam. On 9-1-15, Utilization Review noncertified a request for electromyography and nerve conduction velocity test 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/NCS bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. EMG/NCV is recommended for ulnar impingement after failure of conservative treatment. It is not recommended for routine evaluation of nerve entrapment without symptoms. In this case, the claimant does have numbness in the hands and a Phalen's sign consistent with carpal tunnel syndrome. The cervical exam was normal and did not suggest a central etiology. As a result, the request for an EMG/NCV was not medically necessary.