

Case Number:	CM15-0182518		
Date Assigned:	09/23/2015	Date of Injury:	07/05/2012
Decision Date:	10/28/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60-year-old female who sustained an industrial injury on July 5, 2012. Diagnoses have included status post crush injury of the left hand with residual weakness, sprain and strain of metacarpophalangeal joint of the hand, and possible left carpal tunnel syndrome. Documented treatment includes medication. Occupational therapy is noted to have been requested but denied. No other treatments are noted in the provided medical records. The injured worker continues to report tingling in the left hand extending to the middle finger, and left hand stiffness. On 8-31-2015, the physician reports that Tinel's test was positive at the median nerve of the left wrist, with mild tenderness in the left proximal palm. Full range of motion was noted in all fingers, hand, and wrist with intact sensory and motor response. Grip was noted as right 65 and left 15. The treating physician's plan of care includes a request for authorization submitted 9-3-15 for electromyography and nerve conduction velocity study of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines -Neck and Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) (2) Carpal Tunnel Syndrome (Acute & Chronic): Electrodiagnostic studies (EDS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury in July 2012 as the result of a left hand crush injury. Occupational therapy was requested in April 2015. In May and June 2015 there was left fourth and fifth finger pain. When seen, she had left hand stiffness with tingling in the third finger. Physical examination findings included positive Tinel's test with decreased grip strength. Bilateral upper extremity EMG/NCS testing was requested. Electrodiagnostic testing (EMG/NCS) is generally accepted, well established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, the claimant sustained an injury to the left hand and has current findings consistent with carpal tunnel syndrome. Left upper extremity electrodiagnostic is medically necessary. However, there would be no need to test the right upper extremity, which was not injured and is asymptomatic. The request that was submitted for bilateral upper extremity testing was not medically necessary.