

Case Number:	CM15-0187932		
Date Assigned:	09/29/2015	Date of Injury:	02/25/2009
Decision Date:	12/08/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/24/2015

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, Arizona

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 47 year old male with an industrial injury date of 02-25-2009. Medical records indicate he is being treated for rule out bilateral carpal tunnel syndrome, bilateral shoulder impingement syndrome, bilateral wrist sprain, bilateral knee pain and complaints of depression. Subjective complaints (08-11-2015) included "constant" pain in the shoulders, wrists, hands and knees." "Patient also reports depression and anxiety." Work status is documented as "temporarily totally disabled" until next appointment in 4-6 weeks. Review of the 08-22-2015 note does not indicate objective findings. Review of medical records does not indicate a previous EMG/NCV, medications or prior treatments. Physical therapy was also requested at the time of the EMG/NCV request. The treatment request is for: Nerve conduction velocity (NCV) right upper extremity; Nerve conduction velocity (NCV) left upper extremity; Electromyography (EMG) right upper extremity; Electromyography (EMG) left upper extremity. On 10-08-2015 the request for the treatments listed below was non-certified by utilization review: Nerve conduction velocity (NCV) right upper extremity; Nerve conduction velocity (NCV) left upper extremity; Electromyography (EMG) right upper extremity, Electromyography (EMG) left upper extremity

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) left upper extremity: 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 - Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NCS/EMG.

Decision rationale: According to the California MTUS, Nerve Conduction and EMG studies can be considered to help identify subtle neurologic dysfunction. These studies can be indicated to identify causes of pain that include radiculopathy, and compression or entrapment neuropathies. They are warranted after failure of conservative management for 4-6 weeks. According to ODG Guidelines, EMG/NCS topic, it is stated that this testing is recommended depending on indications and EMG and NCS are separate studies and should not necessarily be done together. ODG further states, "NCS is not recommended, but EMG is recommended as an option (needle to surface) to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." Within the submitted records, there is no mention of recent failure to an aggressive course of conservative care, including hand therapy, and/or bracing. There is no suspicion for radiculopathy; NCS is usually sufficient to evaluate for entrapment mononeuropathies. Medical necessity has not been established.

Nerve conduction velocity (NCV) right upper extremity: 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 - Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NCS/EMG.

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NCS/EMG.

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