

Case Number:	CM15-0190021		
Date Assigned:	10/02/2015	Date of Injury:	06/14/2014
Decision Date:	11/10/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/28/2015

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 25-year-old male, who sustained an industrial-work injury on 6-14-14. A review of the medical records indicates that the injured worker is undergoing treatment for left wrist and hand strain and sprain, rule out tendinitis, carpal tunnel syndrome and triangular fibrocartilage complex (TFCC). Medical records dated (6-16-15 to 7-29-15) indicate that the injured worker complains of constant pain in the left wrist described as sharp, throbbing, burning with numbness and tingling. The pain is rated 7-8 out of 10 on the pain scale. The pain travels to the fingers and is relieved with rest. The pain increases with activity. The medical records also indicate worsening of the activities of daily living. Per the treating physician, report dated 7-29-15 the injured worker has not returned to work. The physical exam of the wrists and hands dated 7-29-15 reveals left wrist with decreased range of motion, positive Tinel's and positive Phalen's. There is tenderness noted over the distal radioulnar joint and tenderness of the triangular fibrocartilage complex on the left. There is abnormal two-point discrimination of the left median-ulnar nerve distribution and there is abnormal motor power and sensation of the left hand. The physician indicates that he recommends electromyography (EMG) and nerve conduction velocity studies (NCV) of the upper extremities to establish the presence of radiculitis-neuropathy. Treatment to date has included pain medication, Naprosyn, Motrin, bracing, x-rays, physical therapy (unknown amount), and off of work. The request for authorization date was 7-29-15 and requested service included electromyography (EMG) nerve conduction velocity studies (NCV) of the bilateral upper extremities. The original Utilization review dated 8-26-15 non-certified the request for electromyography (EMG) nerve conduction velocity studies (NCV) 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 bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for EMG as not been established. Submitted reports have not demonstrated any specific symptoms or correlating clinical findings to suggest any clear entrapment syndrome or cervical radiculopathy only with continued diffuse tenderness, non-specific abnormal motor power and sensation in the left hand consistent with any myotomal or dermatomal correlation to support for the electrodiagnostics. There was no documented failed conservative trial for this chronic June 2014 injury without new injury or acute changed findings for this 25 year old injured worker who has remained off work. There are also no noted symptoms or clinical findings relating to the right side to support for bilateral studies. The EMG/NCV of the bilateral upper extremities is not medically necessary and appropriate.