

Case Number:	CM15-0202597		
Date Assigned:	10/19/2015	Date of Injury:	08/11/2015
Decision Date:	12/01/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/14/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 33 year old male, who sustained an industrial injury on 8-11-2015. The injured worker is undergoing treatment for cervical, lumbar, right wrist and right knee strain-sprain, carpal tunnel syndrome and clinical De Quervain tenosynovitis. Medical records dated 9-2-2015 indicate the injured worker complains of constant stiffness and sharp neck pain rated 3-4 out of 10. He reports the pain radiates to his shoulders and back with numbness and tingling. Right wrist pain rated 3-4 out of 10 radiates to the right elbow, arm and neck with numbness, tingling and weakness. Low back pain is rated 3-4 out of 10 and radiates to the legs with numbness, tingling and sharp sensation. Right knee pain rated 4 out of 10 radiates to the leg and foot with numbness, tingling, weakness and cracking sensation. Physical exam dated 9-2-2015 notes cervical and thoracolumbar tenderness to palpation, decreased range of motion (ROM) and spasm. There is right wrist tenderness to palpation with decreased range of motion (ROM) and positive Tinel's, Phalen's and Finkelstein's test. There is right knee tenderness to palpation, normal range of motion (ROM) and positive McMurray's sign. The treating physician on 9-2-2015 indicates medications are unknown and does not indicate prior treatment. The original utilization review dated 9-25-2015 indicates the request for electromyogram-nerve conduction study of the bilateral upper extremities is non-certified.

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 Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

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

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, there appears to be nerve compromise of the right upper extremity but there is a lack of evidence on the left, therefore, the request for EMG/NCV of the bilateral upper extremities is determined to not be medically necessary.