MAXIMUS Federal Services

Case Number:	CM15-0208020		
Date Assigned:	10/26/2015	Date of Injury:	01/22/2007
Decision Date:	12/08/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/22/2015

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: New Jersey
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:

The injured worker is a 39 year old female, who sustained an industrial injury on January 22, 2007, incurring low back, and wrist injuries. She was diagnosed with cervical degenerative disc disease, lumbar degenerative disc disease, and tenosynovitis of the left wrist. Treatment included physical therapy, pain medications, topical analgesic ointments, home exercise program, aqua therapy, epidural steroid injection, acupuncture, muscle relaxants, and activity restrictions. She underwent bilateral lumbar laminectomies and left wrist tendon re-attachment. Currently, the injured worker complained of numbness, tingling of the upper and lower back, left shoulder, right shoulder and both wrists and forearms. She noted frequent headaches, and neck pain radiating to her left forearm and wrist and hand. The injured worker complained of persistent pain and numbness with range of motion and activities of the left wrist. The treatment plan that was requested for authorization included repeat Electromyography, Nerve Conduction Velocity studies of the left wrist. On September 24, 2015, a request for Electromyography and Nerve Conduction Velocity studies was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Electromyography (EMG/Nerve conduction velocity (NCV) studies of the left wrist:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand chapter.

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

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker EMG/NCV of the left extremity from 5/21/15 showed evidence suggestive of mild left carpal tunnel syndrome affecting motor components but no left cervical radiculopathy component. The provider requested repeat nerve testing for the left wrist, however, there was no clear record of new or worsened symptoms or physical findings to suggest the test results would be different than the results from months prior. There was also no indication provided in the notes for these test or plans set out on what would be changed in the treatment depending on the results. Therefore, due to these reasons, this request for EMG/NCV of the left wrist is not medically necessary at this time.