MAXIMUS Federal Services

Case Number:	CM15-0208302		
Date Assigned:	10/27/2015	Date of Injury:	03/01/2015
Decision Date:	12/14/2015	UR Denial Date:	10/14/2015
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: Massachusetts
Certification(s)/Specialty: Anesthesiology, 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 53 year old male, who sustained an industrial injury on 3-01-2015. The injured worker was diagnosed as having bilateral lateral epicondylitis and carpal tunnel syndrome. Treatment to date has included diagnostics, physical therapy, and medications. Currently (10-06-2015), the injured worker complains of left forearm pain, rated 8+ out of 10, and constant tingling of all the digits on the left side. He reported that the right side was better. He completed 6 visits of physical rehab and felt that it was helping with pain control, function, and learning home exercise program. Current medications included Ibuprofen, Cyclobenzaprine, and Norco. Exam of the left elbow noted pain and tightness, forearm extensor tender and sensitive to palpation, and "strength grossly intact". Exam of the bilateral wrists noted estimated range of motion within normal limits, no thenar-hypothenar atrophy, tenderness in the flexor aspect of hand, sensation intact, and positive Tinel's and Finkelstein's. The treatment plan included electromyogram and nerve conduction studies of the bilateral upper extremities to help guide treatment. Work status was modified. On 10-14-2015 Utilization Review non-certified a request for electromyogram studies of the right and left upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, General Approach.

Decision rationale: ACOEM Guidelines chapter 8 indicates that EMG/NCV may help identify subtle neurological dysfunction in patients with neck and arm symptoms. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms or both, lasting three or four weeks. EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation. EMG is useful to identify physiologic insult and anatomical defect in the case of neck pain. The submitted documents and IWs complaints and physical exam findings fail to substantiate the need for EMG/NCV as outlined above. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established. The request is not medically necessary.

EMG right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): General Approach, Diagnostic Criteria.

Decision rationale: ACOEM Guidelines chapter 8 indicates that EMG/NCV may help identify subtle neurological dysfunction in patients with neck and arm symptoms. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms or both, lasting three or four weeks. EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation. EMG is useful to identify physiologic insult and anatomical defect in the case of neck pain. The submitted documents and IWs complaints and physical exam findings fail to substantiate the need for EMG/NCV as outlined above. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established. The request is not medically necessary.