

Case Number:	CM15-0025011		
Date Assigned:	02/17/2015	Date of Injury:	03/04/2013
Decision Date:	03/27/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/10/2015

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: Ohio, North Carolina, Virginia
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 56-year-old female, with a reported date of injury of 03/04/2013. The diagnoses include right thumb pain, right trigger thumb, and stenosing tenosynovitis. Treatments have included decompression of the A1 pulley at the right thumb on 04/14/2014, steroid injections, and oral medications. The progress report dated 01/14/2015 indicates that the injured worker continued to have tenderness focal to the thumb metacarpophalangeal joint. The physical examination showed an unchanged range of motion, positive Phalen's test, and positive Tinel signs. It was noted that the injured worker was awakened from her sleep at night due to numbness, tingling, and pain involving her right hand. The treating physician recommended a nerve conduction test. There was no mention of the electromyography test of the right upper extremity. On 02/02/2015, Utilization Review (UR) denied the request for an electromyography (EMG) of the right upper extremity, noting that the EMG was not indicated. The MTUS ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG, right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Carpal Tunnel Syndrome-Electromyography

Decision rationale: With regard to a potential carpal tunnel syndrome diagnosis, electromyography is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS). In more difficult cases, needle electromyography (EMG) may be helpful as part of electrodiagnostic studies which include nerve conduction studies (NCS). There are situations in which both electromyography and nerve conduction studies need to be accomplished, such as when defining whether neuropathy is of demyelinating or axonal type. Seldom is it required that both studies be accomplished in straightforward condition of median and ulnar neuropathies or peroneal nerve compression neuropathies. In this instance, there does not appear to be a need to distinguish between demyelinating and axonal neuropathy. The clinic note from 1-14-2015 specifically requests nerve conduction studies to investigate for possible carpal tunnel syndrome. The clinical examination makes a good case for straightforward median compression neuropathy. Therefore, EMG of the right upper extremity is not medically necessary.