

Case Number:	CM15-0029654		
Date Assigned:	02/23/2015	Date of Injury:	04/14/2010
Decision Date:	04/08/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/17/2015

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 54 year old female, who sustained an industrial injury on April 14, 2010. Her diagnoses include carpal tunnel syndrome. She has been treated with work modifications. On January 21, 2015, her treating physician reports continuous left upper extremity pain with stiffness and swelling of the left hand. There was numbness and tingling of the left thumb, index, and little fingers. The physical exam revealed a positive Tinel's signs at the median nerve of the left wrist and at the ulnar nerve of the left elbow. The range of motion of the digits of the left hand, wrist, and elbow was full. The right hand grip was 45 and the left was 10. The treatment plan includes electrodiagnostic testing of the bilateral upper extremities. On January 30, 2015 Utilization Review non-certified a request for EMG/NCV (electromyography/nerve conduction velocity) for the bilateral upper extremities, noting the lack of emergence of a red flag, nor any evidence of physiologic tissue insult or neurological dysfunction on physical exam. There was no indication of the patient having failed to progress in a strengthening program intended to avoid surgery, and no indication of the patient having neurological dysfunction of the neck or arm. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV for the bilateral upper extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with numbness and tingling in the left thumb, index and little finger. The request is for EMG/NCV FOR THE BILATERAL UPPER EXTREMITIES. The request for authorization is dated 01/22/15. Positive Tinel's signs at the median nerve of the left wrist and at the ulnar nerve of the left elbow. Patient's medications include Voltaren and Protonix. Patient is not working. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Treater has not provided reason for the request. However, given the patient's upper extremity symptoms, physical examination findings and diagnosis, EMG/NCS studies would appear reasonable. Per progress report dated 01/21/15, treater states, "She gives a history of continuous pain throughout her left upper extremity as well as stiffness and swelling in the left hand. Furthermore, there is no evidence that this patient has had prior upper extremity EMG/NCS studies done. Therefore, the request IS medically necessary.