

Case Number:	CM15-0213465		
Date Assigned:	11/03/2015	Date of Injury:	09/11/2012
Decision Date:	12/14/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/29/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 66-year-old female, who sustained an industrial injury on 9-11-2012. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine strain rule out cervical radiculopathy, right middle trigger finger, right wrist triangular fibrocartilage tear and extensor carpi ulnaris tendinitis, right carpal tunnel syndrome, and right shoulder strain. On 9-1-2015, the injured worker reported no improvement since the last visit reporting 5-7 out of 10-neck pain that radiated down to the right shoulder, hand, and arm with shooting dull pain. The Primary Treating Physician's report dated 9-1-2015, noted muscle spasm of the trapezius musculature with reported increased pain toward the cervical spine terminal range of motion (ROM). The injured worker was noted to be unable to fully extend his right wrist with triggering of the right middle finger, tenderness of the right wrist over the triangular fibrocartilage region and along the extensor carpi ulnaris, positive Phalen's on the right, and Durkan's median compression test positive on the right. Prior treatments and evaluations have included an abnormal electromyography (EMG)-nerve conduction study (NCS) of the right upper extremity on 3-8-2013. The treatment plan was noted to include requests for authorization for an electromyography (EMG)-nerve conduction velocity (NCV) of the bilateral upper extremities, MRI of the cervical spine, and an ultrasound of the right shoulder. The request for authorization was noted to have requested electromyography (EMG)-nerve conduction velocity (NCV) bilateral upper extremities for carpal tunnel syndrome and cervical spine. The Utilization Review (UR) dated 10-20-2015, non-certified the request for EMG/NCV bilateral upper extremities for carpal tunnel syndrome and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper extremities for carpal tunnel syndrome and cervical spine:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Carpal tunnel section.

Decision rationale: CA MTUS/ACOEM is silent on the issue of EMG/NCV testing. According to the ODG, Carpal tunnel section, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS)." In this case, there is evidence of neurologic deficits or carpal tunnel syndrome in the cited records from 3/8/13; however, an EMG from 3/8/13 has already documented the presence of carpal tunnel syndrome. Thus, a repeat EMG/NCS is not necessary. Therefore, the determination is not medically necessary.