

Case Number:	CM15-0215824		
Date Assigned:	11/05/2015	Date of Injury:	07/28/2015
Decision Date:	12/16/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/03/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports Medicine

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 44 year old female, who sustained an industrial injury on 7-28-2015. The injured worker is undergoing treatment for: right hand carpal tunnel syndrome, de Quervain's tendinitis, and extensor tendinitis. On 9-22-15, she reported right hand pain with numbness into the index finger, long finger and thumb. She rated her pain 7 out of 10. Physical examination revealed no tenderness, full range of motion of fingers and thumbs, tenderness in the right hand with numbness along the median nerve distribution, positive median nerve compression test, positive phalen test, negative tinels and reverse phalen testing. The treatment and diagnostic testing to date has included: splint, kenalog injection of right thumb. Medications have included: Mobic. Current work status: modified. The request for authorization is for: EMG of right upper extremity. The UR dated 10-9-2015: non-certified the request for EMG of right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG for the right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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

Decision rationale: The current request is for EMG of the bilateral upper extremities. MTUS guidelines were reviewed in regards to this specific case. Clinical documents were reviewed. According to the clinical documents there is evidence of radiculopathy in the upper extremities. The clinical documents are lacking evidence of red flag symptoms or worsening symptoms. There is clinical documentation evidence for indication of EMG testing. The EMG is indicated as a medical necessity at this time.