

Case Number:	CM15-0032046		
Date Assigned:	02/25/2015	Date of Injury:	11/26/2012
Decision Date:	04/03/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/20/2015

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: Arizona, California

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:

This 65 year old male sustained an industrial injury on 11/28/12. In an office visit dated 10/23/14, the injured worker complained of burning pain in the left hand in the ulnar nerve distribution. Electromyography/nerve conduction velocity test (EMG/NCV) (10/7/14) showed left median nerve prolonged distal onset latency and decreased conduction velocity. Physical exam was remarkable for positive Tinel test at the left elbow with excellent left thenar strength but slight intrinsic weakness on the left compared to the right. The physician recommended follow up in six months and consider repeat EMG/NCV test to bilateral upper extremities to evaluate for cubital tunnel syndrome progression. In an office visit dated 1/13/15, the injured worker complained of ongoing feeling of weakness in the left hand. The injured worker reported dropping things and had broken dishes at home. Physical exam was remarkable for left hand with decreased sharp sensation in the proximal aspect of small and ring fingers and on the ulnar side of the palm, positive Tinel test over the carpal tunnel and elbow cubital tunnel with equal thenar strength bilaterally. The treatment plan included a repeat EMG/NCV test as the injured worker had had some progression of symptoms since last October. On 2/9/15, Utilization Review noncertified a request for EMG/NCV test left upper extremity noting that the results of previous EMG/NCV test results were not provided for review and citing CA MTUS and ACOEM Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 329.

Decision rationale: According to the guidelines, an NCV is not recommended in diagnostic evaluation of nerve entrapment. It is recommended for ulnar nerve impingement after failure of conservative treatment. In this case, the claimant was diagnosed with carpal tunnel syndrome and a previous EMG/NCV indicated the claimant left median nerve entrapment. The request for another NCV is not indicated since the findings would not change the treatment, intervention or outcome and the claimant's prior diagnoses are consistent with exam findings and prior electrodiagnostic testing. An additional NCV is not recommended.

EMG of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 329.

Decision rationale: According to the guidelines, an EMG is not recommended in diagnostic evaluation of nerve entrapment. It is recommended for ulnar nerve impingement after failure of conservative treatment. In this case, the claimant was diagnosed with carpal tunnel syndrome and a previous EMG/NCV indicated the claimant left median nerve entrapment. The request for another EMG is not indicated since the findings would not change the treatment, intervention or outcome and the claimant's prior diagnoses are consistent with exam findings and prior electrodiagnostic testing. An additional EMG is not recommended.