

Case Number:	CM15-0034451		
Date Assigned:	03/02/2015	Date of Injury:	06/20/2014
Decision Date:	04/14/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/23/2015

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 53 year old female, who sustained an industrial injury on June 20, 2014. She has reported noticing an increase in pain in the neck, left shoulder, left elbow, left wrist, and low back after working regular duty from 2012 to 2014. The diagnoses have included osteoarthritis, left shoulder calcific tendinitis, left lateral epicondylitis, medial epicondylitis, ganglion of joint, aseptic necrosis of other bone site, and left wrist pain. Treatment to date has included bracing, acupuncture, physical therapy, and medications. Currently, the injured worker complains of constant severe sharp left shoulder pain radiating to the elbow with numbness and tingling, constant severe dull left elbow pain with weakness, and intermittent moderate dull left pain radiating to the left hand with numbness, tingling, and weakness. The Primary Treating Physician's report dated December 18, 2014, noted tenderness to palpation of the acromioclavicular joint and anterior shoulder with positive impingement, tenderness to palpation of the lateral elbow and medial elbow, and tenderness to palpation of the dorsal wrist. On January 26, 2015, Utilization Review non-certified an electromyography (EMG)/nerve conduction velocity (NCV) of the left wrist, noting a previous electromyography (EMG)/nerve conduction velocity (NCV) of the left upper extremity in July 2014. On February 23, 2015, the injured worker submitted an application for IMR for review of an electromyography (EMG)/nerve conduction velocity (NCV) of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity (EMG/NCV) of the left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the 12/18/14 progress report provided by treating physician, the patient presents with pain to the left shoulder, and left elbow; and left wrist pain rated 6/10 that radiates to left hand and index finger with numbness, tingling and weakness. The request is for ELECTROMYOGRAPHY/ NERVE CONDUCTION VELOCITY (EMG/NCV) OF THE LEFT WRIST. Patient's diagnosis on 12/18/14 includes left lateral epicondylitis, medial epicondylitis, ganglion of joint, and left wrist pain. Patient's medications include Ibuprofen and Tramadol. The patient is to remain Off-work, per treater report dated 12/18/14. 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." Under Treatment plan of progress report dated 07/18/14, treater is requesting EMG/NCV to rule out nerve impingement. Given the patient's upper extremity symptoms, EMG/NCS studies would appear reasonable. However, the medical records provided include electrodiagnostic study report of the left upper extremity performed on 07/23/14. There is no explanation as to why a repeat study is needed, and there has not been any change in the patient's clinical presentation. Therefore, the request IS NOT medically necessary.