

Case Number:	CM15-0037269		
Date Assigned:	03/05/2015	Date of Injury:	06/20/2001
Decision Date:	04/10/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/27/2015

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:

The injured worker is a 39-year-old female, who sustained an industrial injury on June 20, 2001. She reported right elbow pain. The injured worker was diagnosed as having carpal tunnel syndrome. Treatment to date has included DeQuervain's release surgery, and ulnar nerve transposition surgery. Currently, the injured worker complains of right arm pain. She is noted to have tenderness along the ulnar, and a positive Tinel's sign. She indicates she has numbness and tingling from the elbow down the forearm. The provider also indicates she has been diagnosed with right carpal tunnel syndrome, and right lateral epicondylitis. A request was made for an EMG and NCV of the right arm due to recurrent and worsening symptoms in the ulnar hand and forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Velocity Right Upper Extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Occupational Medical Practice Guidelines, 2004, Chapter 8, pg 177-179; Official Disability Guidelines, Neck & Upper Back, Nerve Conduction studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the guidelines, an NCV / EMG is recommended for ulnar nerve impingement after conservative wrist failure. An EMG is not recommended in diagnostic evaluation of nerve entrapment in those without symptoms. IN this case, the claimant had an injury, surgery and then persistent and worsening symptoms in the right arm. The request forearm NCV is appropriate and medically necessary.

Electromyogram of Right Upper Extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Occupational Medical Practice Guidelines, 2004, Chapter 8, pg 177-179; Official Disability Guidelines, Neck & Upper Back, Electromyography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the guidelines, an NCV / EMG is recommended for ulnar nerve impingement after conservative wrist failure. An EMG is not recommended in diagnostic evaluation of nerve entrapment in those without symptoms. IN this case, the claimant had an injury, surgery and then persistent and worsening symptoms in the right arm. The request for an EMG is appropriate and medically necessary.