

Case Number:	CM15-0037815		
Date Assigned:	06/05/2015	Date of Injury:	11/19/2014
Decision Date:	07/07/2015	UR Denial Date:	01/29/2015
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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 56-year-old male who sustained an industrial injury on 11/19/2014. He reported left upper extremity pain and stiffness. The injured worker was diagnosed as having tendinitis hand/wrist/forearm (L); Epicondylitis Lateral (B); Ganglion Cyst (L) wrist. Treatment to date has included physical therapy, topical agents, time off work, and splinting with injection of the right elbow. Currently (01/26/2015), the injured worker presents for follow-up care of a ganglion cyst, which was aspirated by needle several weeks prior to the appointment. The ganglion cyst is recurrent on the left dorsal surface of the wrist. The area is painful to palpation and painful to extension and flexion. There is no evidence of infection. The solution of needle aspiration was temporary, lasting only 1-2 weeks, and the cyst recurred. The plan of care now includes full-time duty with no restrictions. An outpatient surgery will be scheduled in the near future. A request for authorization was submitted for EMG/NCS Bilateral Upper Extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS Bilateral Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-78.

Decision rationale: Per the MTUS ACOEM Guidelines, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the patient appears to have history of a ganglion cyst and bilateral epicondylitis, but with no clear neurologic dysfunction on exam and scant records provided regarding previous testing, etc. There is incomplete information to indicate neurologic dysfunction that is evidential of need for bilateral electrodiagnostics. Therefore, per the guidelines, the request for EMG/NCV is not considered medically necessary.