

Case Number:	CM15-0042490		
Date Assigned:	03/12/2015	Date of Injury:	01/06/2015
Decision Date:	04/22/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/06/2015

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 51 year old female, who sustained an industrial injury on 1/6/2015. The mechanism of injury and initial complaint was not provided for review. The injured worker was diagnosed as having carpal tunnel syndrome, left shoulder strain and trigger finger to right middle finger and right thumb. Treatment to date has included steroid injections, hand splint and medication management. Currently, a progress note from the treating provider dated 2/16/2015 indicates the injured worker reported left shoulder pain with increasing intensity. The pain was initially relieved by a steroid injection, but has begun to worsen over 2-3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) nerve conductive study test: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, EMG & NCV studies.

Decision rationale: The patient presents with pain and weakness in her neck, shoulder and upper extremity. The request is for Electromyograph (EMG) Nerve Conduction Study Test. One of the diagnoses is right carpal tunnel syndrome. The patient returns to modified work on 03/13/15 with restrictions. The ACOEM guidelines page 262 on EMG/NCV states that appropriate studies EDS may help differentiate between CTS and other condition such as cervical radiculopathy. In addition, ODG states that electrodiagnostic testing includes testing for nerve conduction velocities (NCV) and possibly the addition of electromyography (EMG). Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks. ACOEM guidelines Ch11 page 262 states that "tests may be repeated later in the course of treatment if symptoms persist." In this case, there is no documentation that patient has had prior EMG/NCV studies. The patient has kept reporting constant pain and radiating symptoms in her upper extremity. Examination shows positive Tinel's sign and Phalen's sign. Given that the patient has not had this test performed in the past and the patient's continuing radiating symptoms in her upper extremity and clinical findings, the request IS medically necessary.