

Case Number:	CM15-0043269		
Date Assigned:	03/13/2015	Date of Injury:	06/03/1998
Decision Date:	05/08/2015	UR Denial Date:	02/25/2015
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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 is a 61-year-old female who reported an injury on 06/03/1998. The mechanism of injury was not provided. The injured worker was noted to be status post right carpal tunnel release, status post left thumb carpometacarpal joint excision arthroplasty, status post interpositional arthroplasty of the left wrist scaphotrapezial joint, stenosing tenosynovitis of the left thumb, bilateral cubital tunnel syndrome per electrodiagnostic studies of 09/10/2012, scapholunate disassociation of the left wrist, cervical osteoarthritis (probable cervical radiculitis), scaphotrapezoid osteoarthritis, and carpal tunnel syndrome on the left with recurrent carpal tunnel syndrome on the right. Prior therapies included physical therapy. There was a Request for Authorization submitted for review dated 02/09/2015. The documentation of 02/09/2015 revealed the injured worker's right hand awakened her at night and went numb. The injured worker was not utilizing the splint at night on the right. The injured worker wore a splint on the left. There was no numbness and tingling at night on the left. The injured worker had a carpal tunnel release on the right and symptoms were now recurring. There was thenar atrophy on the right. The objective findings revealed the carpometacarpal joint was tender on the right. The injured worker had a positive Phalen's test on the right. The treatment plan included an EMG/NCV for the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG)/Nerve Conduction Study (NCS) for the left 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): 177-179.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that electromyography and nerve conduction velocities, including H reflex tests, may be helpful to identify subtle, focal neurologic dysfunction in injured workers with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The injured worker was utilizing a splint on the left with no numbness or tingling. There were no subjective complaints or objective findings to support the necessity for electrodiagnostic studies for the left upper extremity. Given the above, and the lack of documentation, the request for electromyography (EMG)/nerve conduction study (NCS) for the left upper extremity is not medically necessary.