

Case Number:	CM15-0045630		
Date Assigned:	03/18/2015	Date of Injury:	01/10/2014
Decision Date:	05/11/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/10/2015

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, Michigan

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:

This 48 year old female sustained a work related injury on 01/10/2014. According to a progress report dated 02/05/2015, the injured worker complained of ongoing pain in the bilateral wrists and hands. Objective findings included numbness and tingling in the right middle finger and on the left side in the thumb, index and middle fingers. Since numbness and tingling was constant, the provider was unable to test for Phalen's and Tinel's. Current diagnoses included repetitive strain injury, myofascial pain syndrome, bilateral wrist sprain/strain injury, bilateral lateral epicondylitis, and possible peripheral neuropathy. Treatment plan included an authorization request for EMG/Nerve Conduction study of upper extremity. There was no modified work available so the injured worker was temporarily partially disabled. Previous treatments have included medication, wrist braces and home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute and Chronic) / Electromyography (EMG).

Decision rationale: Per the MTUS/ ACOEM, "appropriate electro diagnostic 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. Per the ODG, Electromyography is recommended only in cases where diagnosis is difficult with nerve conduction studies and may be helpful in defining if neuropathy is of the demyelinating or axonal type. A review of the injured workers medical records reveal subjective and objective finding of neuropathy which needs diagnostic clarification as this will determine treatment, the physician is currently trying to rule out peripheral neuropathy, carpal tunnel syndrome or cervical radiculopathy, therefore based on the injured workers clinical presentation and the guidelines the request for EMG of left upper extremity is medically necessary.

EMG of right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome (acute and chronic) / Electromyography (EMG).

Decision rationale: Per the MTUS/ ACOEM, "appropriate electro diagnostic 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. Per the ODG, Electromyography is recommended only in cases where diagnosis is difficult with nerve conduction studies and may be helpful in defining if neuropathy is of the demyelinating or axonal type. A review of the injured workers medical records reveal subjective and objective finding of neuropathy which needs diagnostic clarification as this will determine treatment, the physician is currently trying to rule out peripheral neuropathy, carpal tunnel syndrome or cervical radiculopathy, therefore based on the injured workers clinical presentation and the guidelines the request for EMG of right upper extremity is medically necessary.

NCS of left upper extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Nerve Conduction Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: Per the MTUS/ ACOEM, "appropriate electro diagnostic 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. A review of the injured workers medical records reveal subjective and objective finding of neuropathy which needs diagnostic clarification as this will determine treatment, the physician is currently trying to rule out peripheral neuropathy, carpal tunnel syndrome or cervical radiculopathy, therefore based on the injured workers clinical presentation and the guidelines the request for NCS of left upper extremity is medically necessary.

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