

Case Number:	CM15-0049610		
Date Assigned:	03/23/2015	Date of Injury:	01/20/2015
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/16/2015

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: Maryland, District of Columbia
Certification(s)/Specialty: Internal 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 41-year-old female with an industrial injury dated January 20, 2015. The injured worker diagnoses include left forearm strain, left wrist sprain/strain, and left de Quervain's disease. She has been treated with diagnostic studies, chiropractic sessions, prescribed medications and periodic follow up visits. According to the progress note dated 3/6/2015, the injured worker reported constant severe dull, achy left wrist pain and left forearm pain with stiffness and cramping. Objective findings revealed decrease range of motion of the left wrist and left forearm with pain. The treating physician prescribed services for Electromyography (EMG) of the upper extremities now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the upper extremities between 3/4/2015 and 4/18/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, EDS.

Decision rationale: The employee was complaining of severe dull, achy left forearm pain, stiffness and cramping. She was complaining of constant severe dull, achy left wrist pain, stiffness and cramping with numbness and tingling. She had decreased range of motion of left upper extremity with +3 tenderness to palpation of the thenar region, dorsal wrist and volar wrist, positive Phalen's, Tinel's and Finkelstein's test. Her diagnoses included wrist sprain/strain left, de Quervain's disease and rule out left carpal tunnel syndrome. Her prior x-ray of left wrist was negative. Her prior treatment included physical therapy, NSAIDs and activity modification. The request was for bilateral upper extremity EMG. According to ACOEM guidelines, appropriate EDS may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include NCS or in more difficult cases, EMG may be helpful. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. The employee had symptoms in left wrist with signs of possible CTS of left wrist. The Official disability guidelines recommend EMG only in difficult cases when the neuropathy has to be defined as demyelinating or axonal type. It is seldom required in straightforward condition of median and ulnar neuropathies. The employee had evidence of carpal tunnel syndrome of left wrist, De Quervain's synovitis and wrist sprain without evidence of radiculopathy. Given the straight forward diagnosis of carpal tunnel syndrome, it is not clear why an EMG of bilateral upper extremities was requested. It appears as if the right upper extremity study was being ordered just for comparison which is not consistent with the guideline recommendations. Hence, the request for bilateral upper extremity EMG is not medically necessary.