

Case Number:	CM15-0055861		
Date Assigned:	04/01/2015	Date of Injury:	02/16/2015
Decision Date:	12/09/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/24/2015

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: Emergency 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 female who sustained an industrial injury on 2-16-15. The injured worker reported numbness and pain in hand. A review of the medical records indicates that the injured worker is undergoing treatments for paresthesia in bilateral hands, osteoarthritis, and ganglion cysts. Provider documentation dated 2-24-15 noted the work status as modified work. Treatment has included radiographic studies. Objective findings dated 2-24-15 were notable for cyst noted at the dorsum of bilateral wrists, normal pulses, reflexes, capillary refill, and tender over musculature of forearms, upper arms with full range of motion of elbows, wrists and hands. The original utilization review (10-6-15) denied electromyography of left upper extremity, nerve conduction study of right upper extremities, nerve conduction study of left upper extremities, and electromyography of right upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back/EMGs (electromyography).

Decision rationale: The request is for EMG studies. The ODG states the following: EMG may be helpful for patients with double crush phenomenon, in particular, when there is evidence of possible metabolic pathology such as neuropathy secondary to diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. In this case, the patient does not meet the criteria for this study. This is secondary to inadequate documentation of physical exam findings suggestive of peripheral nerve compression such as motor or sensory deficits. As such, the request is not medically necessary.

NCS of the right upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back/Nerve conduction studies.

Decision rationale: The request is for nerve conduction studies. The ODG states the following: Not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic process if other diagnoses may be likely based on the clinical exam. In this case, the use of this diagnostic test is not supported. This is secondary to inadequate documentation of physical exam findings of peripheral nerve compromise necessitating further clarity. There is no objective evidence of motor or sensory deficits reported. Also, other diagnosis are suggested on examination including osteoarthritis of the interphalangeal joints with deformities. As such, the request is not medically necessary.

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