

Case Number:	CM15-0059669		
Date Assigned:	04/06/2015	Date of Injury:	06/17/2011
Decision Date:	05/04/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/30/2015

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, California

Certification(s)/Specialty: Family Practice

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 59 year old female, who sustained an industrial injury on 06/17/2011. She has reported injury to the right hand/wrist. The diagnoses have included right carpal tunnel syndrome; and primary localized osteoarthritis right hand. Treatment to date has included medications, diagnostic studies, and physical therapy. A progress note from the treating provider, dated 03/10/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued numbness and tingling in the right index, middle, and ring fingers; and pain at the base of the right thumb. Objective findings have included mild TMC (trapeziometacarpal) joint tenderness; decreased grip strength of the right hand; and positive Phalen's of the right wrist. The treatment plan has included prescription medications and the request for repeat EMG (Electromyography)/NCS (Nerve Conduction Study) of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat EMG/NCS of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the guidelines, an NCV is recommended for median or ulnar impingement after conservative wrist failure. It is not indicated for diagnosing entrapment without symptoms. In this case, the claimant had a prior EMG/NCV- results not provided. The claimant had been diagnosed with epicondylitis and carpal tunnel syndrome. Additional testing would not change management or offer information that would lead to improved outcomes. The request for an EMG/NCV is not medically necessary.