MAXIMUS Federal Services

Case Number:	CM15-0079615		
Date Assigned:	04/30/2015	Date of Injury:	01/14/2015
Decision Date:	08/20/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/27/2015

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 a 31 year old female who sustained a work related injury dated January 14, 2015, considered repetitive use, of the right wrist. According to a doctor's first report of occupational injury dated February 2, 2015, the injured worker was provided medication, a thumb and wrist support, and ordered 6 sessions of physical therapy. Another physician's first report of occupational injury, dated February 19, 2015, found the injured worker complaining of neck pain and stiffness, right shoulder pain with popping and locking and bilateral elbow, forearm, wrist, and hand pain with numbness and tingling to all of the fingers of both hands. Diagnoses are cervical spine musculoligamentous sprain, strain; right shoulder periscapular strain, impingement syndrome; bilateral upper extremity forearm and wrist flexor extensor tenosynovitis (deQuervain's syndrome), bilateral elbow medial and lateral epicondylitis, bilateral elbow cubital tunnel syndrome and bilateral carpal tunnel syndrome. Treatment plan included a return appointment in six weeks with discussion about her pregnancy status and physical therapy. According to a primary treating physician's report, dated March 11, 2015, the injured worker presented with complaints of a flare-up of bilateral wrist pain secondary to repetitive typing. She reports she is not pregnant. Objective findings included positive Phalen's, Finkelstein's and compression tests bilaterally. Some handwritten notes are difficult to decipher. Diagnoses are cervical spine sprain; right shoulder periscapular strain, impingement; bilateral upper extremity forearm, wrist tenosynovitis; bilateral medial, lateral epicondylitis. Treatment plan included to complete remaining sessions of physical therapy, continue home exercise and at issue, a request

for authorization for EMG/NCV (electromyography, nerve conduction velocity studies) 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:

EMG (eletromyography)/NCV (nerve conduction velocity) Bilateral Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182 and 272.

Decision rationale: EMG and NCV requested by provider are 2 different tests, testing for different pathologies. If one test is not recommended, this requested will be considered not medically necessary as per MTUS independent medical review guidelines. As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat routine evaluation of patients for nerve entrapment. It is recommended in cases where there is signs of median or ulnar nerve entrapment. Patient has signs and symptoms consistent with likely carpal tunnel syndrome and is undergoing conservative care for it. There is no rationale provided for requested test. It is unclear what additional information may be gained from an NCV with clinically obvious carpal tunnel syndrome. NCV is not medically necessary. As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam is consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. Pt has not had any documented changes in neurological exam or complaints. There is no exam or signs consistent with radiculopathy There is no rationale about why testing is requested. EMG is not medically necessary. EMG and NCV of bilateral upper extremities are not medically necessary.