

Case Number:	CM15-0087158		
Date Assigned:	05/11/2015	Date of Injury:	02/24/2014
Decision Date:	06/10/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 30-year-old female, who sustained an industrial injury on 2/24/2014. Diagnoses include right cubital tunnel syndrome and right greater than left carpal tunnel syndrome. Treatment to date has included diagnostics, bracing and elbow extensions. Per the Secondary Treating Physician's Progress Report dated 2/18/2015, the injured worker reported ongoing symptoms in the bilateral upper extremities with numbness, tingling, and burning predominantly on the elbow region extending into the ring and small finger but also into the thumb, index and middle finger. Physical examination of the bilateral elbows, wrists and hands revealed tenderness to palpation over the medial epicondyle on the right. Tinel's test at the cubital tunnel and elbow flexion test were positive on the right. Compression test was positive bilaterally and Phalen's and Tinel's sign were positive on the right. The plan of care included electrodiagnostic testing and authorization was requested for EMG (electromyography)/NCS (nerve conduction studies) of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Right upper extremity (RUE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) (2) Carpal Tunnel Syndrome (Acute & Chronic): Electrodiagnostic studies (EDS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury in February 2014 and continues to be treated for bilateral upper extremity numbness, tingling, and burning. When seen, there was positive median nerve compression testing bilaterally and positive Phalen and Tinel signs. She had a positive Tinel sign at the right cubital tunnel and symptoms with elbow flexion. Prior EMG/NCS testing done on 04/14/14 had been normal. Indications for repeat testing include the following: (1) The development of a new set of symptoms; (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive; (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barre syndrome); (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis; (5) When there is an unexpected course or change in course of a disease and; (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has already had EMG/NCS testing and none of the above indications is present. Repeat testing is not medically necessary.