

Case Number:	CM15-0087639		
Date Assigned:	05/12/2015	Date of Injury:	02/09/2015
Decision Date:	06/11/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	05/05/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 66-year-old female, who sustained an industrial injury on 2/09/2015. The records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Currently, she complained of left wrist and hand pain with numbness and tingling to fingers. On 3/17/15, the physical examination documented a positive flick sign, positive Spurling's, and positive Phalen's test to the left upper extremity. A cervical spine x-ray report revealed multilevel degenerative changes with right neural foramina narrowing. It was further documented that the right C3-4 foramen was limited due to suboptimal obliquity. The diagnosis included left carpal tunnel syndrome versus left cervical radiculopathy. The plan of care included electromyogram and nerve conduction studies (EMG/NCS) of the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). Chapter 11, and Chapter 12, page 303.

Decision rationale: This claimant was recently injured. There are subjective left wrist symptoms. On objective exam, there was a positive flight sign, positive Spurling, and positive Phalen. The MTUS ACOEM notes that electro diagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was a neurologic exam showing signs that might warrant clarification with electro diagnostic testing that were very clear. In addition, ordinarily, an NCV alone is sufficient to determine entrapment neuropathy. The combination of EMG NCS is not supported. For these reasons, the request was appropriately NOT MEDICALLY NECESSARY.