

Case Number:	CM14-0127525		
Date Assigned:	08/15/2014	Date of Injury:	08/01/2013
Decision Date:	10/15/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Neurology and is licensed to practice in Neurology. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58 year old woman who was injured on August 1, 2013 while performing her usual and customary duties as a tortilla roller. She reached up into a spraying machine when her hand got trapped in between the tubing. She quickly pulled her hand out but experienced a sharp left wrist pain. She complained of severe pain in her left elbow with radiation into her forearm, wrist, and middle finger, associated with numbness, tingling cramping, burning, throbbing, stabbing, electric sensations. In addition she complains of severe pain in the left wrist associated with numbness, tingling, electric sensations. She had upper extremity NCV/EMG on June 3, 2014 that showed bilateral carpal tunnel syndrome, moderate in severity. The treating physician requested another upper extremity NCV/EMG on June 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Diagnostic Investigations: Electromyography (electronically sited)

Decision rationale: ACOEM guidelines state that electrodiagnostic studies (NCV and EMG) are recommended in assisting in securing a firm diagnosis for those patients without a clear diagnosis, to confirm clinical suspicion of ulnar nerve entrapment at the wrist, a radial neuropathy, and with patients with paresthesias or other neurological symptoms. The initial NCV/EMG was justified, however the patient already had NCV/EMG on June 3, 2014. Therefore, a repeat EMG is not medically necessary.

Nerve conduction velocity (NCV) bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Diagnostic Investigations: Electromyography (electronically sited)

Decision rationale: ACOEM guidelines state that electrodiagnostic studies (NCV and EMG) are recommended in assisting in securing a firm diagnosis for those patients without a clear diagnosis, to confirm clinical suspicion of ulnar nerve entrapment at the wrist, a radial neuropathy, and with patients with paresthesias or other neurological symptoms. The initial NCV/EMG was justified, however the patient already had NCV/EMG on June 3, 2014. Therefore, a repeat NCV is not medically necessary.