

Case Number:	CM14-0149964		
Date Assigned:	09/18/2014	Date of Injury:	04/26/2012
Decision Date:	10/17/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/15/2014

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 Occupational Medicine and is licensed to practice in California. 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:

Injured worker is a female with date of injury 4/2/2012. Per primary treating physician's progress report dated 8/13/2014, the injured worker complains of persistent right knee pain status post right knee arthroscopy in May 2014. She rates her pain at 6/10. She is doing much better and is glad that she had the procedure. She states that her symptoms continue to improve. She has left knee pain that she rates at 5/10 and left shoulder and bilateral hand pain that she rates at 7/10. Left shoulder examination reveals biceps tendon and anterior deltoid are tender. Impingement sign is positive. Active abduction is 160 degrees, passive abduction is 180 degrees. Flexion is 160 degrees. Internal and external rotations are 90 degrees. Adduction is 40 degrees. There is 4+ strength on abduction, and with anterior deltoid and lateral deltoid. Right knee examination reveals well-healed arthroscopic portals. There is joint line tenderness medially. There is swelling and the patellar tendon is tender. There is 4+ quadriceps and hamstring strength with flexion and extension. She can flex to 10 degrees and extend to 5 degrees. Diagnoses include 1) left knee intra-articular pain with pes anserinus bursitis following arthroscopy 2) status post right knee arthroscopy 4/2/2014 3) bilateral carpal tunnel syndrome 4) bilateral first carpometacarpal joint pain 5) right trigger thumb 6) bilateral shoulder bursitis 7) cervical strain 8) lumbar strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, Chapter: Carpal Tunnel Syndrome (Acute & Chronic), Electromyography (EMG)

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

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The requesting physician explains that the injured worker's hands are bothering her to quite a significant degree. She clinically has carpal tunnel syndrome. The request for EMG/NCV studies of the bilateral upper extremities is to test for carpal tunnel syndrome. The UR decision rationale was not completely available for review, but it appears that there may be an AOE/COE concern for carpal tunnel syndrome. AOE/COE is not a part of this independent review for medical necessity. The medical reports provided for review report that the injured worker has symptoms in her hands, but there are no physical examination findings that indicate the injured worker has carpal tunnel syndrome. Medical necessity of this request has not been established. The request for NCV Left Upper Extremity is not medically necessary.

EMG Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, Chapter: Carpal Tunnel Syndrome (Acute & Chronic), Electromyography (EMG)

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findings that indicate the injured worker has carpal tunnel syndrome. Medical necessity of this request has not been established. The request for EMG Right Upper Extremity is not medically necessary.

NCV Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, Chapter: Carpal Tunnel Syndrome (Acute & Chronic), Nerve conduction studies (NCS)

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