

Case Number:	CM14-0162732		
Date Assigned:	10/07/2014	Date of Injury:	07/30/2012
Decision Date:	11/07/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/03/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 53-year-old female who reported an injury on 07/30/2012. The mechanism of injury was not submitted for clinical review. The diagnoses included status post bilateral middle finger tenosynectomies, bilateral thoracic outlet syndrome, bilateral repetitive strain syndrome with tenosynovitis, bilateral cubital tunnel syndrome, partial triangular fibrocartilage complex (TFCC) tear left wrist. The previous treatments included medication, surgery, physical therapy, and an electromyography (EMG)/nerve conduction velocity (NCV) dated 11/30/2012. Within the clinical note dated 09/29/2014, it was reported the injured worker complained of pain in both hands with weakness and numbness. Upon the physical examination, the provider noted the injured worker had tenderness over the ulnar nerves at the elbows with positive Tinel's sign. There was tenderness noted over both volar and dorsal forearms. The injured worker had tenderness over the ulnar side of the left wrist. The EMG/NCV, dated 11/30/2012, revealed C5-6 radicular involvement with additional possibility of cubital tunnel syndrome affecting the ulnar nerve, the left EMG findings suggest at C7-T1 radicular involvement. The nerve conduction study suggested cubital syndrome bilaterally. The provider requested an EMG/NCV of the upper extremities. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) for left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Neck and Upper Back/EMG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269..

Decision rationale: The request for EMG (electromyography) for left upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines recommend an electromyography in cases of peripheral nerve impingement. If no impingement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. The guidelines note special studies are not needed until a 4 to 6 week period of conservative care and observation. There is lack of significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. The clinical documentation submitted failed to indicate the injured worker had tried and failed 4 to 6 weeks of conservative therapy. Therefore, the request is not medically necessary.

NCS (Nerve Conduction Studies) for right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Neck and Upper Back/NCS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273..

Decision rationale: The request for NCS (nerve conduction studies) for right upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines note nerve conduction velocity tests are recommended for median or ulnar impingement at the wrist after failure of conservative treatment. The guidelines also note the routine use of nerve conduction velocity or EMG in a diagnostic evaluation of nerve entrapment or screening in patients without symptoms is not recommended. There is lack of significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. The clinical documentation submitted failed to indicate the injured worker had failed on 4 to 6 weeks of conservative treatment. Therefore, the request is not medically necessary.

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