

Case Number:	CM14-0166045		
Date Assigned:	10/13/2014	Date of Injury:	11/01/2011
Decision Date:	11/12/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/08/2014

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 Family Medicine and is licensed to practice in Utah. 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 now 54 year-old female. The injured worker's date of injury is 11/1/2012. The mechanism of injury was described as doing customary job duties with constant and repetitive work. The injured worker has been diagnosed with joint arthropathy and inflammation, bilateral flexor and extensor tenosynovitis, with triggering, status post release of the first dorsal compartment with right middle finger trigger digit. The injured worker's treatments have included work modification, surgical intervention, physical therapy, imaging studies, and medications. The physical exam findings dated August 26, 2014 shows no asymmetry in the web outline of the neck with no tenderness or spasms noted and neck lordosis is normal. The Shoulder exam is reported as normal, with no evidence of deformity or tenderness or impingement. The elbow is reported as no tenderness or deformity. The hand and wrist are reported as positive Tinel's and Phalen's on the right and left. There is a healed carpal tunnel release incision noted. There is tenderness over the TFCC bilaterally, there is no atrophy noted. This is abnormal motor and power sensation in the hands bilaterally. The injured worker's medications have included, but are not limited to, Voltaren gel, Protonix, Norco and injections. The request is for Electromyography/Nerve Conduction Velocity (EMG/NCV).

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity (EMG/NCV) Studies of Bilateral Upper Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electromyography/Nerve Conduction Velocity (EMG/NCV) Page(s): 272.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for EMG/NVC. MTUS guidelines state the following: Nerve testing for medial or ulnar impingement at the wrist after failure of conservative treatment. According to the clinical documentation provided and current MTUS guidelines; the request for EMG/NVC is indicated as a medically necessary to the injured worker at this time.