

Case Number:	CM14-0180220		
Date Assigned:	11/04/2014	Date of Injury:	03/24/2007
Decision Date:	12/17/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/30/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 62 year old female who was injured at work on 08/24/2007. She is reported to be complaining of moderate pain in the left thumb and hand, 5/10 pain radiating, numbness and tingling into the fingers, numbness of the upper extremity into the shoulder. The symptoms awaken her at night. In addition, she complained of depression, anxiety, and gastrointestinal upset. The physical examination revealed normal but painful motion of the shoulders, mild to moderate tenderness of the dorsal wrist, limited range of motion of the left wrist, limited and painful motion of the thumb, positive Finkelstein's test, positive phalen, positive tinel's, mild to moderate tenderness of the hands. The worker has been diagnosed of reflex sympathetic dystrophy of the left upper extremity, left shoulder sprain/strain, left wrist sprain/strain, left carpal tunnel syndrome, left dequervain tenosynovitis, anxiety/depression, hypertension and GERD. Treatments have included Nexium, Sentra, Lavaza, and Probiotics. At dispute is the request for EMG/NCV of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: The medical records provided for review indicate a medical necessity for EMG/NCV of the bilateral upper extremities. It may be difficult to distinguish the symptoms of the following conditions the injured worker has been diagnosed of: left carpal tunnel syndrome; sympathetic dystrophy of the left upper extremity; Left shoulder/ wrist sprain/strain, and, left dequaiwan's tenosynovitis. Therefore, there may be a need for a test that would confirm the source of the problem. The MTUS states that appropriate electro-diagnostic studies (nerve studies) may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. The recommended tests include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG); NCS and EMG may confirm the diagnosis of Carpal tunnel syndrome, but may be normal in early or mild cases of CTS. The MTUS recommends repeating the test later if the if the Electro-diagnostic test is negative while the symptoms persist. Therefore, the requested test is medically necessary and appropriate.