

Case Number:	CM15-0104045		
Date Assigned:	06/08/2015	Date of Injury:	11/11/2014
Decision Date:	07/08/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 32 year old female, who sustained an industrial injury on 11/11/14. The injured worker has complaints of right wrist pain and right shoulder pain. The documentation noted on wrist and hand exam there was tenderness of right dorsal wrist. The diagnoses have included sprains and strains of wrist, unspecified site and carpal tunnel syndrome. Treatment to date has included physical therapy; right shoulder X-rays on 2/26/15 showed no acute fracture is identified, the alignment is normal, no significant joint disease noted and no significant soft tissue abnormality identified and right wrist X-ray on 1/15/15 showed no acute fracture is identified, the alignment is normal, no significant joint disease noted and no significant soft tissue abnormality identified. The request was for electromyography/nerve conduction study right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, Electrodiagnostic studies (EDS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck & Upper Back, Special Studies and Diagnostic and Treatment Considerations, pages 177-178.

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with peripheral neuropathy or entrapment syndrome, radiculopathy, foraminal or spinal stenosis, medical necessity for electrodiagnostics has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any entrapment syndrome or cervical radiculopathy only with continued diffuse tenderness with intact 5/5 motor strength and sensation in bilateral upper extremities without neurological deficits or specific consistent myotomal or dermatomal correlation to support for the electrodiagnostics. There was no documented failed conservative trial for this chronic injury without new injury or acute changed findings. The EMG right upper extremity is not medically necessary and appropriate.