MAXIMUS Federal Services

Case Number:	CM15-0013634		
Date Assigned:	02/02/2015	Date of Injury:	11/13/2014
Decision Date:	03/19/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/23/2015

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 27 year old male who sustained a work related injury to his hands while employed as a fumigator on November 13, 2014. The injured worker was diagnosed with tenosynovitis hand/wrist bilaterally with skin sensation disturbance. X-Rays of both hands (unknown date) were reported as negative for acute bony abnormalities. According to the primary treating physician's progress report on December 19, 2014, the injury occurred on August 14, 2014 and the patient reports mildly decreased bilateral wrist pain described as dull, tingling and with bilateral finger numbness. The physician documents that the injured worker's compliance with treatment has been poor. He is off medication and has not received physical therapy. The symptoms are intermittent and the injured worker has no wrist restriction or tenderness bilaterally upon examination. There is a positive Phalen's test and Tinel's sign for left and right median nerve compression. Carpel tunnel testing was negative bilaterally for median nerve compression. An examination on November 14, 2014, there was a documented negative Phalen's test and Tinel's sign for median nerve compression. Medications were noted as Naproxen, Etodalac and Voltaren gel. Treatment modalities consist of wrist wraps bilaterally.The treating physician requested authorization for Electromyography (EMG) and Nerve Conduction Velocity (NCV) Studies of the bilateral upper extremities.On December 29, 2014 the Utilization Review denied certification for Electromyography (EMG) and Nerve Conduction Velocity (NCV) Studies of the bilateral upper extremities.Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and

Environmental Medicine (ACOEM) Hand, Wrist & Forearm Disorders with section on Non-Specific Hand, Wrist & Forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV BUE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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 EMG and NCV 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 without neurological deficits without 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/NCV BUE is not medically necessary and appropriate.