

Case Number:	CM15-0013698		
Date Assigned:	02/02/2015	Date of Injury:	06/17/2014
Decision Date:	03/18/2015	UR Denial Date:	12/17/2014
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: Emergency Medicine

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 64 year old female, who sustained an industrial injury on June 17, 2014, accidentally hitting her right elbow. The diagnoses have included right elbow epicondylitis of the right elbow and rule out carpal tunnel syndrome of the right hand. Treatment to date has included splinting, acupuncture, physical therapy, and oral medications. Currently, the injured worker complains of flexor wrist discomfort, more numbness and tingling in the right hand, and increased paresthesias. The Hand Specialists note dated December 9, 2014, noted some discomfort over the lateral epicondyle on the right only to palpation. The Physician noted that an EMG nerve conduction study would be very helpful in the right upper extremity to check for carpal tunnel syndrome. On December 17, 2014, Utilization Review modified the request for an EMG/NCS of the right upper extremity to approve the NCS of the right upper extremity only, noting that unless there were symptoms of cervical radiculopathy an EMG was not generally needed for a carpal tunnel syndrome study citing the MTUS American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG). On January 23, 2015, the injured worker submitted an application for IMR for review of EMG/NCS of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Pages 268-269, 272-273; page 177-179.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Chapter 11 - Forearm, Wrist, Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, Pages 268-269, 272-273; note that Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option, and recommend electrodiagnostic studies with documented exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials, that are in need of clinical clarification. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, page 177-179, Special Studies and Diagnostic and Treatment Considerations, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The injured worker has some discomfort over the lateral epicondyle on the right only to palpation. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive Sturling test, positive provocative nerve testing or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, EMG/NCS of the right upper extremity is not medically necessary.