MAXIMUS Federal Services

Case Number:	CM15-0013846		
Date Assigned:	02/02/2015	Date of Injury:	09/25/2013
Decision Date:	03/27/2015	UR Denial Date:	01/07/2015
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, Arizona
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 50-year-old female who reported an injury on 09/25/2013. The mechanism of injury reportedly occurred from gradual onset due to repetitive work and movement; constant twisting and turning to operate machines. Diagnosis includes right wrist carpal tunnel syndrome. Medications included Anaprox and Norco. Surgical history included nose surgery in 2004. There were no pertinent surgeries to the bilateral upper extremities. Diagnostic studies included x-ray of the right wrist on 09/30/2013. Other therapies were noted to include 12 physical therapy sessions. Progress note dated 12/05/2014 noted the patient was in for re-evaluation regarding right wrist. She continued to have significant pain with numbness and tingling to the right hand, as well as pain to the neck, bilateral shoulders, and bilateral elbows. Upon examination of the right wrist, there was tenderness upon palpation at the volar surface of the wrist. Phalen's test was positive. Tinel's sign was positive. There was mild swelling noted to the hand and wrist. There was decreased range of motion with flexion 50 degrees, extension 50 degrees, radial deviation 10 degrees, and ulnar deviation 15 degrees. There was decreased sensation to the 1st, 2nd, and 3rd fingers. The treatment plan included evaluate and treat cervical spine, bilateral shoulders, and bilateral elbows; request authorization for EMG/NCV to the bilateral upper extremities secondary to carpal tunnel syndrome and radiculopathy; request authorization for physical therapy; continue medications. The Request for Authorization was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the left upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck and Upper Back (updated 11/18/14) EMG/NCV

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 117-179.

Decision rationale: The request for EMG/NCV of the left upper extremity is not supported. The patient has a history of right hand pain. California MTUS/ACOEM Guidelines state that EMG and NCV may help identify focal neuro dysfunction in patients with arm or neck symptoms, or both, lasting more than 3 to 4 weeks. The documentation submitted for review was for the right hand. There is lack of documentation of objective findings deficits for the left upper extremity. The request is for left upper extremity. As such, the request is not medically necessary.