

Case Number:	CM15-0015805		
Date Assigned:	02/03/2015	Date of Injury:	01/23/2014
Decision Date:	03/23/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 45 year old female, who sustained an industrial injury on 01/23/2014. On provider visit dated 08/20/2014, the injured worker has reported left hand symptoms including triggering of ring and middle finger. On examination she was noted to have tenderness over the right and long finger, with a popping sensation in both. The exam of the right hand reveals no volar ganglion cyst. She has good wrist range of motion. She has a positive Tinel sign and some numbness/tingling down the radial 3 digits. She has some pain over the left hand and scar sensitivity over the left hand. The diagnoses have included right shoulder impingement without rotator cuff tear, deQuervain release, injections, and left hand middle and ring finger trigger fingers status post injection. Treatment plan included left ring and long finger trigger finger releases. On 01/22/2015 Utilization Review non-certified EMG/NCV bilateral upper extremities as not medically necessary. The CA MTUS, ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 guidelines, diagnostic criteria

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

Decision rationale: EMG/NCV bilateral upper extremities is not medically necessary per the MTUS Guidelines. The MTUS ACOEM guidelines states that appropriate electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. The documentation indicates that the patient has numbness/tingling in the right hand in the radial 3 digits which may suggest carpal tunnel or possibly radiculopathy. The patient has no left hand numbness/tingling. For this reason, a right EMG/NCV would be reasonable but the request for bilateral NCV/EMG is not medically necessary.