

Case Number:	CM15-0017151		
Date Assigned:	02/03/2015	Date of Injury:	11/02/2014
Decision Date:	03/23/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/26/2015

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 47 year old male, who sustained an industrial injury on 11/2/14. The injured worker has complaints of intermittent moderate pain in both hands aggravated by gripping, grasping, pulling, pushing, lifting a carrying, performing fine manipulation with weakness, numbness and tingling. Left wrist has erythema and swelling o f examination. The diagnoses have included bilateral wrist tenosynovitis. The injured worker on 12/3/14 completed 2 physical therapy visits and light duty was being accommodated. According to the utilization review performed on 1/2/15, the requested EMG/NCV of the bilateral upper extremities has been non-certified. CA MTUS 2009, ACOEM, Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 11, page 268-269; ODG, treatment Index were used in the utilization 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 bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand (Acute & Chronic), Electrodiagnostic Studies and Nerve Conduction Studies

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 272-273.

Decision rationale: The requested EMG/NCV of the bilateral upper extremities, is not medically necessary. 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. The injured worker has intermittent moderate pain in both hands aggravated by gripping, grasping, pulling, pushing, lifting a carrying, performing fine manipulation with weakness, numbness and tingling. Left wrist has erythema and swelling of examination. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive provocative neurologic tests or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, EMG/NCV of the bilateral upper extremities is not medically necessary.