

Case Number:	CM15-0111604		
Date Assigned:	06/18/2015	Date of Injury:	07/24/2013
Decision Date:	07/22/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/09/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58 year old female patient who sustained an industrial injury on July 24, 2013. The diagnoses include right carpal tunnel syndrome, left carpal tunnel syndrome, aseptic necrosis of other bone site, trigger finger, right hand joint pain, and left hand joint pain. She sustained the injury due to repetitive trauma. Per the doctor's note dated 4/22/2015, she had complaints of sensory loss in bilateral hand and volar and dorsal wrist discomfort. The physical examination revealed wrists- swelling and tenderness; hands- tenderness, sensory loss in medial, ulnar and radial nerves, positive Tinel's and Phalen's bilaterally; full range of motion. The medications list includes tramadol, naprosyn, metformin, lantus insulin and pantoprazole. Her medical history includes diabetes type II. She has had left wrist MRI dated 6/20/2014 which revealed subchondral cystformation and avascular necrosis on the ulnar aspect of the lunate; cervical MRI dated 12/18/14 which revealed multilevel disc protrusion. She has undergone right carpal tunnel release. She has had occupational therapy, physical therapy and acupuncture for this injury. The treatment request included EMG of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the left upper extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, page 268.

Decision rationale: Q--EMG of the left upper extremity. Per the ACOEM guidelines Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. Per the records provided patient has neurological symptoms on the bilateral upper extremity- sensory loss in bilateral hand and volar and dorsal wrist discomfort. Physical examination revealed wrists- swelling and tenderness; hands- tenderness, sensory loss in medial, ulnar and radial nerves, positive Tinel's and Phalen's bilaterally; full range of motion. Patient has tried conservative therapy including medications, physical and occupational therapy and acupuncture. In addition, patient has medical condition- diabetes type II. At this juncture, it is medically appropriate to perform electro diagnostic study of the left upper extremity to objectively evaluate neurological symptoms. The request of EMG of the left upper extremity is medically appropriate and necessary for this patient.

EMG of the right upper extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, page 268.

Decision rationale: Q--EMG of the right upper extremity. Per the ACOEM guidelines ?Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. Per the records provided patient has neurological symptoms on the bilateral upper extremity- sensory loss in bilateral hand and volar and dorsal wrist discomfort. Physical examination revealed wrists- swelling and tenderness; hands- tenderness, sensory loss in medial, ulnar and radial nerves, positive Tinel's and Phalen's bilaterally; full range of motion. Patient has tried conservative therapy including medications, physical and occupational therapy and acupuncture. In addition, patient has medical condition- diabetes type II. At this juncture, it is medically appropriate to perform electro diagnostic study of the right upper extremity to objectively evaluate neurological symptoms. The request of EMG of the right upper extremity is medically appropriate and necessary for this patient.