

Case Number:	CM15-0113447		
Date Assigned:	06/19/2015	Date of Injury:	02/10/2015
Decision Date:	07/24/2015	UR Denial Date:	06/06/2015
Priority:	Standard	Application Received:	06/12/2015

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 31 year old female, who sustained an industrial injury on 2/10/2015. She reported that a customer grabbed her right wrist. Diagnoses have included bilateral moderate to severe median neuropathy. Treatment to date has included heat, ice, a brace and medication. According to the progress report dated 5/19/2015, the injured worker complained of pain in the right wrist. She reported problems gripping and numbness in the right hand in the thumb, pinky, wrist area and the elbow. Physical exam revealed mild trapezius tenderness, dorsal right wrist tenderness and mild lateral forearm tenderness on the right. There was reduced right median and ulnar sensation. Upper extremity electromyography (EMG) on 5/19/2015 was done but the results of these studies was not reviewed. The requested test is under review and results of the test does not retrospectively change criteria used to determine medical necessity. Authorization was requested for electromyography (EMG)/nerve conduction velocity (NCV) of the bilateral upper extremities done on 5/19/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS: 5.19.15) EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Wrist & Carpal Tunnel Syndrome Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182 and 272.

Decision rationale: EMG and NCV requested by provider are 2 different tests, testing for different pathologies. If one test is not recommended, this requested will be considered not medically necessary as per MTUS independent medical review guidelines. As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat "routine" evaluation of patients for nerve entrapment. It is recommended in cases where there is signs of median or ulnar nerve entrapment and failure of conservative care. There is documentation of decreased sensation and weakness that correlates with clinical signs of median nerve entrapment. However, there is no documentation of completion of conservative therapy. Patient has yet to complete physical therapy and there is no documentation of splinting or medication trials. Patient also does not have any left upper extremity symptoms. NCV is not medically necessary. As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam is consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. Pt has not had any documented changes in neurological exam or complaints. There is no exam or signs consistent with radiculopathy. There is no rationale about why testing is requested for a chronic condition. EMG is not medically necessary. EMG and NCV of bilateral upper extremities are not medically necessary.