

Case Number:	CM15-0115232		
Date Assigned:	06/23/2015	Date of Injury:	03/08/2013
Decision Date:	07/23/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	06/15/2015

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 55 year old female who sustained an industrial injury on March 8, 2013. She has reported bilateral wrist and hand numbness, weakness, and pain and has been diagnosed with bilateral wrist pain and numbness and status post left carpal tunnel release. Treatment has included surgery, a home exercise program, physical therapy, and modified work duty. The right wrist and hand was noted for decreased sensory examination to the median nerve distribution. There was a questionable positive Tinel sign. To the left wrist and hand there was a prior carpal tunnel release incision with mild thenar atrophy. There was some level decreased sensory examination to the median nerve distribution. The treatment request included an electromyogram and nerve conduction study for bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG and NCS for 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 (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 272-273.

Decision rationale: The requested EMG and NCS for bilateral upper extremities, is not medically necessary. CA MTUS ACOEM Practice 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 bilateral wrist and hand numbness, weakness, and pain and has been diagnosed with bilateral wrist pain and numbness and status post left carpal tunnel release. Treatment has included surgery, a home exercise program, physical therapy, and modified work duty. The right wrist and hand was noted for decreased sensory examination to the median nerve distribution. There was a questionable positive Tinel sign. To the left wrist and hand there was a prior carpal tunnel release incision with mild thenar atrophy. There was some level decreased sensory examination to the median nerve distribution. The treating physician has not sufficiently documented objective evidence of an acute clinical change since the 2014 electrodiagnostic testing. The criteria noted above have not been met. Therefore, this request for EMG and NCS for bilateral upper extremities is not medically necessary.