

Case Number:	CM15-0116337		
Date Assigned:	06/24/2015	Date of Injury:	05/11/2012
Decision Date:	07/24/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/16/2015

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: Preventive Medicine, Occupational 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 42 year old female, who sustained an industrial injury on 5/11/2012. She reported pain in her right hand and wrist, radiating to her elbow. Diagnoses have included right upper extremity chronic repetitive overuse and strain injury, probable right carpal tunnel syndrome and chronic low back strain with myofascial pain. Treatment to date has included physical therapy, a flexible wrist brace and medication. According to the progress report dated 1/7/2015, the injured worker complained of extreme pain in her right hand with paresthasias and numbness as well as tingling in all five digits of the hand. She reported that she could not do computer work, typing or mouse work due to the pain elicited; she could not lift, push or pull anything or write more than two sentences. Symptoms were relieved by wrapping the hand and wrist in a heating pad, rest, and not using the hand. Exam of the right upper extremity showed tenderness over the trapezius as well as diffusely at the shoulder and glenohumeral joint. There was diffuse myofascial tenderness throughout the right upper extremity, more noted at the posterolateral right elbow joint and lateral epicondyle. There were positive Tinel's and Phalen's signs at the volar wrist. She described tingling, paresthasias and numbness in all five digits of the right hand. Authorization was requested for electromyography (EMG)/nerve conduction velocity (NCV) of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Studies of RUE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the injured worker had a previous EMG/NCV of the upper extremities on 8/17/12 that was normal. There is no documentation of conservative treatments that have been attempted and failed since the prior EMG/NCV. Additionally, there are no new symptoms or acute injuries that would necessitate repeat EMG/NCV. The request for EMG/NCV Studies of RUE is determined to not be medically necessary.