

Case Number:	CM15-0119046		
Date Assigned:	06/29/2015	Date of Injury:	07/30/2013
Decision Date:	07/28/2015	UR Denial Date:	06/13/2015
Priority:	Standard	Application Received:	06/19/2015

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: Physical Medicine & Rehabilitation

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 60 year old female who sustained an industrial injury on 07/30/13. Initial complaints and diagnoses are not available. Treatments to date include medications and right carpal tunnel release. Diagnostic studies include an electro diagnostic study of the bilateral upper extremities in 2012. Current complaints include bilateral hand pain. Current diagnoses include bilateral carpal tunnel syndrome, nonindustrial Dupuytren's contracture of the right hand, and forearm tendonitis. In a progress note dated 06/03/15 the treating provider reports the plan of care as medications including gabapentin, and electro diagnostic studies of the bilateral upper extremities. The requested treatments are electro diagnostic studies 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 bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2015, Forearm wrist hand electro diagnostic studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck & Upper Back, Special Studies and Diagnostic and Treatment Considerations, pages 177-178.

Decision rationale: The patient has established diagnosis of CTS with previous EMG/NCV performed and continues to treat without functional benefit. Additionally, current submitted reports have not adequately demonstrated any change in chronic symptoms and clinical findings of neurological deficits suggestive of deterioration. There are also no identified new injuries, acute flare-up or red-flag conditions with changed chronic symptoms and clinical findings to support repeating the electro diagnostic study. The EMG of the bilateral upper extremities is not medically necessary and appropriate.