

Case Number:	CM15-0179704		
Date Assigned:	09/28/2015	Date of Injury:	04/18/2015
Decision Date:	11/10/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/14/2015

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, North Carolina
 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:

The injured worker is a female (age undetermined) who sustained an industrial injury on 4-18-15. A review of the medical records indicates she is undergoing treatment for left dorsal wrist pain - probably synovial impingement syndrome, normal MRI and possible left carpal tunnel syndrome. Medical records (7-15-15 to 8-26-15) indicate complaints of persistent left dorsal wrist pain. She has occasional numbness and tingling. She reports that pain "particularly" occurs with weight bearing and extension. The physical exam (8-26-15) reveals left wrist extension to 50 degrees with tenderness noted of the left dorsal wrist at the radiocarpal joint. Tinel's sign is negative. Durkan's sign is positive. Diagnostic studies have included an MRI arthrogram of the left wrist on 8-18-15, which revealed a "normal" exam. Treatment has included six visits of "therapy," Voltaren gel, Ibuprofen (causes gastrointestinal upset), and use of an intermittent wrist splint and, most recently (8-26-15) and injection into the left wrist. The injured worker reports that the pain causes her to "drop objects" and has "difficulty holding objects." The treating provider requests authorization for an EMG-NCV of the left upper extremity to rule out carpal tunnel syndrome. The utilization review (9-4-15) indicates that the requested testing is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction study (NCS)/electromyography (EMG) left median ulnar/wrist/elbow:

Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: MTUS/ACOEM Guidelines state that electordiagnostic testing (EDT) may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These tests may include nerve conduction velocities and in more difficult cases, EMGs. In this case, the guideline criteria are not met. There is no detailed evidence of recent conservative non-operative treatments that have been tried and failed. In addition, there are no severe or progressive neurologic symptoms present to necessitate EDT. Therefore, the request is not medically necessary or appropriate.