

Case Number:	CM15-0071019		
Date Assigned:	04/21/2015	Date of Injury:	06/11/2009
Decision Date:	05/27/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/14/2015

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: Texas, California

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:

This is a 33 year old female patient, who sustained an industrial injury on 8/11/2009. She sustained the injury due to repetitive stress. The diagnoses include right lateral epicondylitis with status post release, right cubital tunnel syndrome, repetitive myofascial pain syndrome, status post right radial tunnel release, right lateral epicondylitis, repetitive sprain/strain injury, repetitive stress injury right upper extremity, and right radial neuropathy with status post radial release. Per the doctor's note dated 3/25/2015, she had complained of pain of the right shoulder and left hand. The physical examination revealed right upper extremity- tenderness over the right shoulder, elbow and wrist; triggering over the right 3rd and 4th fingers; decreased grip strength. The medications list includes Zipsor, Norco, and Ambien. She has undergone right elbow surgery, right radial tunnel release. Prior diagnostic study reports were not specified in the records provided. Other therapy for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG/NCV of the right upper extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269 and Page 261.

Decision rationale: Request: 1 EMG/NCV of the right upper extremity. Per the ACOEM guidelines cited below appropriate electro diagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. In addition per the cited guidelines For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Per the records provided this patient has persistent right upper extremity signs and symptoms- tenderness over the right shoulder, elbow and wrist; triggering over the right 3rd and 4th fingers; decreased grip strength. Patient has undergone right elbow surgery, right radial tunnel release. Electro diagnostic studies would help to evaluate the cause of the persistent neurological symptoms in the right upper extremity and to detect any neuropathy or nerve damage related to the upper extremity surgeries. It is medically appropriate and necessary to perform 1 EMG/NCV of the right upper extremity in this patient at this time.