

Case Number:	CM15-0077437		
Date Assigned:	04/29/2015	Date of Injury:	09/04/2014
Decision Date:	05/29/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/23/2015

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: 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 43 year old female who sustained a cumulative trauma industrial injury on 9/4/14 involving her wrists and upper extremities. She currently (4/3/15) complains of persistent pain in both wrists and hands with frequent numbness and tingling; pain in her elbows with radiation into ulnar innervated digits and into axilla; persistent bilateral shoulder pain that radiates into the right side of her neck at times. Medications are Voltaren, Tylenol #3, and Neurontin. Diagnoses include bilateral carpal and cubital syndrome; right trigger thumb; bilateral shoulder tendinitis. Treatments to date include medications, wrist and elbow splints, and occupational therapy. Diagnostics include electrodiagnostic findings of bilateral carpal and cubital tunnel syndrome (no date). In the progress note dated 4/3/15 the treating provider's plan of care includes a request for electrodiagnostic studies of the upper extremities due to persistent pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV for the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand.

Decision rationale: This injured worker receives treatment for chronic bilateral carpal tunnel syndrome, L cubital tunnel syndrome, and bilateral shoulder tendinitis. The patient receives occupational therapy. The medications prescribed include naproxen and hydrocodone with acetaminophen. The patient is opioid dependent. This review addresses a request for an EMG/NCV of the upper extremities. The patient had an EMG and NCV on 08/15/2014. This study showed bilateral carpal tunnel syndrome and L sided cubital tunnel syndrome. The description of the physical exam does not show signs of a radicular cervical syndrome. The patient is continuing to receive conservative treatment and is not a surgical candidate. These two clinical factors are required under the treatment guidelines. Another EMG/NCV is not medically necessary.