

Case Number:	CM15-0077780		
Date Assigned:	04/29/2015	Date of Injury:	11/15/2013
Decision Date:	05/26/2015	UR Denial Date:	03/26/2015
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: New York

Certification(s)/Specialty: Internal 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 55-year-old female, who sustained an industrial injury on 11/15/13. She reported injury to right thumb and palm. The injured worker was diagnosed as having right P1 pulley stenosing tenosynovitis and right wrist carpal tunnel syndrome. Treatment to date has included activity restrictions and Tylenol. Currently, the injured worker complains of throbbing pain in right hand and thumb rated 7-8/10. The treatment plan included (EMG) Electromyogram/ (NCV) Nerve Condition Velocity, Flector patches and pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV for right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 117-179. Decision based on Non-MTUS Citation Official Disability Guidelines : Nerve Conduction Velocity Testing.

Decision rationale: There is no documentation provided necessitating EMG testing of the right upper extremity. According to the ODG, EMG (Electromyography) and nerve conduction studies are an extension of the physical examination. They can be useful in adding in the diagnosis of peripheral nerve and muscle problems. This can include neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. According to ACOEM Guidelines, needle EMG and H-reflex tests to clarify nerve root dysfunction are recommended for the treatment of low back disorders. In this case, the diagnosis of carpal tunnel syndrome has been established. There is no specific indication for EMG/NCV testing of the right upper extremity. Medical necessity for the requested item has not been established, as guideline criteria have not been met. The requested item is not medically necessary.