

Case Number:	CM15-0078690		
Date Assigned:	04/29/2015	Date of Injury:	08/15/2014
Decision Date:	06/01/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/24/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 8/15/14. She reported pain the wrist, hand and elbows. The injured worker was diagnosed as having left De Quervain's, bilateral lateral epicondylitis, rule out carpal tunnel syndrome, rule out cubital tunnel syndrome, and repetitive strain injury of the upper extremities. Treatment to date has included physical therapy, medications, and bilateral elbow injections. Currently, the injured worker complains of pain in bilateral hands left greater than right, bilateral elbow pain, and numbness and tingling in the left hand. The treating physician requested authorization for an electromyogram of the bilateral upper extremities. The treating physician noted the injured worker had an electromyogram in the past but does not have the results. The injured worker has clinical signs of peripheral nerve impingement therefore the request was made for an updated electromyogram.

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 qty. 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 177-78.

Decision rationale: Per the MTUS ACOEM Guidelines, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the patient had a recent, prior EMG study that resulted in equivocal findings. There is no clear evidence in the provided documents indicative of substantial neurologic physical exam abnormalities that progressed or changed from previous exams, and therefore there is little indication of neurologic dysfunction that is evidential of need for repeat electrodiagnostics. Therefore, per the guidelines, the request for EMG (a repeat study) is not considered medically necessary.