

Case Number:	CM15-0094634		
Date Assigned:	05/20/2015	Date of Injury:	06/04/2001
Decision Date:	06/22/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/15/2015

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: Physical Medicine & Rehabilitation

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 (IW) is a 47-year-old female who sustained an industrial injury on 06/04/2001. Diagnoses include wrist pain (left) and radial styloid tenosynovitis (left). Treatment to date has included medications, left wrist splint, left wrist injection, ergonomic evaluation (with supplies) and work hardening therapy with home exercise program, left deQuervain's release. According to the visit notes dated 4/7/15, the IW reported bilateral wrist pain rated 2/10 with medications and 9/10 without them. Current medications were Relafen 500mg, Percocet 10/325mg, Voltaren gel 1%, Trazadone 50 mg and Neurontin 600mg. On examination, the right wrist was unremarkable; the left wrist and hand had restricted range of motion and positive Tinel's and Finkelstein's signs. Right hand grip was 5/5 and left was 4/5. A request was made for electromyography/nerve conduction study (EMG/NCS) of the bilateral upper extremities to assess for nerve entrapment.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS Bilateral 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 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck & Upper Back, Special Studies and Diagnostic and Treatment Considerations, pages 177-178.

Decision rationale: Clinical exam showed no neurological deficits defined or conclusive imaging identifying possible neurological compromise. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, entrapment syndrome, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any correlating symptoms and clinical findings with myotomal and dermatomal correlation to suggest any radiculopathy or entrapment syndrome to support for these electrodiagnostic studies. The EMG/NCS Bilateral upper extremity is not medically necessary and appropriate.