

Case Number:	CM15-0095821		
Date Assigned:	05/22/2015	Date of Injury:	08/22/2013
Decision Date:	06/26/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/18/2015

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: Emergency 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 50 year old male, who sustained an industrial injury on August 22, 2013. Treatment to date has included physical therapy, chiropractic therapy, left cubital tunnel release and carpal tunnel release and right carpal tunnel release. Currently, the injured worker complains of left elbow/wrist pain and right wrist pain. The injured worker rates his left wrist/elbow symptoms a 2 on a 10-point scale and reports that they have improved. His right wrist pain has improved status post carpal tunnel release and he rates this pain a 6 on a 10-point scale. The diagnoses associated with the request include status post left cubital tunnel release and carpal tunnel release with residuals and status post carpal tunnel release of the right wrist with residuals. The treatment plan includes laboratory evaluation, hand therapy and EMG/NCV of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), EMGs (Electromyography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 272-273.

Decision rationale: The requested EMG left upper extremity, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Chapter 11 - Forearm, Wrist, Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, Pages 268-269, 272-273; note that Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option, and recommend electrodiagnostic studies with documented exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials, that are in need of clinical clarification. The injured worker has left elbow/wrist pain and right wrist pain. The injured worker rates his left wrist/elbow symptoms a 2 on a 10-point scale and reports that they have improved. His right wrist pain has improved status post carpal tunnel release and he rates this pain a 6 on a 10-point scale. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive Sturling test or deficits in dermatomal sensation, reflexes or muscle strength nor positive provocative neurologic exam tests. The treating physician has not documented an acute clinical change since the date of previous electrodiagnostic testing. The criteria noted above not having been met, EMG left upper extremity is not medically necessary.

NCV right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NCSs (Nerve conduction studies).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 272-273.

Decision rationale: The requested NCV right upper extremity, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Chapter 11 - Forearm, Wrist, Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, Pages 268-269, 272-273; note that Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option, and recommend electrodiagnostic studies with documented exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials, that are in need of clinical clarification. The injured worker has left elbow/wrist pain and right wrist pain. The injured worker rates his left wrist/elbow symptoms a 2 on a 10-point scale and reports that they have improved. His right wrist pain has improved status post carpal tunnel release and he rates this pain a 6 on a 10-point scale. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive Sturling test or deficits in dermatomal sensation, reflexes or muscle strength nor positive provocative neurologic exam tests. The treating physician has not documented an acute clinical change since the date of previous electrodiagnostic testing. The criteria noted above not having been met, NCV right upper extremity is not medically necessary.

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