MAXIMUS Federal Services

Case Number:	CM13-0010264		
Date Assigned:	11/08/2013	Date of Injury:	07/10/2013
Decision Date:	04/08/2015	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/12/2013

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: Texas, New York, California
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 applicant is a represented 44-year-old [redacted] employee who has filed a claim for wrist pain and paresthesias reportedly associated with an industrial injury of July 10, 2013. In a Utilization Review Report dated July 31, 2013, the claims administrator partially approved a request for EMG/NCS testing of the right upper extremity as NCS testing of the right upper extremity alone. The claims administrator referenced a July 25, 2013 progress note and/or associated RFA form in its determination. The applicant's attorney subsequently appealed. On August 5, 2013, the applicant apparently consulted an orthopedic hand surgeon. It was stated that the applicant was not working following imposition of work restrictions. Dull pain about the right hand with paresthesias about the ring and small finger were evident. Weakness was also reported. The applicant reported previous industrial injury involving the cervical spine in 2012. The attending provider stated that he had some concerns over a possible ulnar nerve compression. A positive Tinel sign was noted about the median nerve at the wrist. EMG/NCS testing was suggested for further workup of an alleged entrapment neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (R) Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) https://odg-twc.com/odgtwc/Carpal_Tunnel.htm and ODG http://www.odg-twc.com/odgtwc/ Carpal_ Tunnel. htm#Electrodiagnosticstudies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Elbow Complaints 33.

Decision rationale: No, the proposed EMG of the right upper extremity was not medically necessary, medically appropriate, or indicated here. While the MTUS guideline in ACOEM Chapter 10, page 33 does acknowledge that EMG testing is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain, in this case, however, the attending provider made no mention of a possible cervical radiculopathy being present here. Rather, the attending provider stated that the applicant's presentation was suggestive of an ulnar neuropathy. The attending provider stated, in the narrative portion of his report, that he was most intent on obtaining the nerve conduction testing component of the request. No clear rationale for the EMG component of the request was furnished. The applicant did not appear to have any superimposed conditions such as cervical radiculopathy. Therefore, the request was not medically necessary.