

Case Number:	CM14-0009972		
Date Assigned:	06/11/2014	Date of Injury:	06/01/2013
Decision Date:	11/30/2015	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/27/2014

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: 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 48 year-old who sustained an industrial injury on 06-01-2013. Medical records indicated the worker was treated for tenosynovitis of hand and wrist. In the provider notes of) 1-02-2014, the injured worker complains of cervical strain without radiculopathy, a lumbar strain without radiculopathy, and tenosynovitis of both wrists and lateral epicondylitis of both elbows. Treatment has included physical therapy on a self-pay. On exam, there is mild tenderness to palpation of the paravertebral muscles bilaterally. There is moderate muscle spasm and limitation of motion secondary to pain. The lumbar has mild tenderness to palpation of the bilateral paravertebral muscles, and moderate muscle spasm. Both lumbar and cervical motion is limited secondary to pain. The elbows have no swelling, and full range of motion, but there is marked tenderness to palpation of the lateral epicondyles bilaterally. There is pain on gripping referred to the lateral epicondyles bilaterally. Distal motor function, sensation and circulation are intact. There is marked tenderness to palpation of the dorsal and radial aspect of the bilateral wrists with decreased range of motion secondary to pain. Distal motor function, sensation and circulation is intact. The working diagnoses include cervical strain, lumbar strain, lateral epicondylitis, bilateral elbows, and sprain, bilateral wrists. Treatment dispensed is Biofreeze. Worker is encouraged to continue physical therapy. The worker was released to return to work with restrictions of a 10 minute break every hour. A request for authorization was submitted for electromyography (EMG) bilateral upper extremity. A utilization review decision 01-15-2014 non-approved the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) BILATERAL UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm and Wrist/Electrodiagnostic studies.

Decision rationale: MTUS Guidelines do not support upper extremity electrodiagnostics unless there is reasonable evidence of neurological compromise that does not respond to conservative care or is associated with red flag conditions. This individual does not meet the Guideline criteria. The lack of neurological dysfunction is clearly documented and subjective complaints consist of pain only. Physical exam states that a Phalen's test in extension is positive (reverse Phalen's), but there is inadequate documentation of how this was interpreted as positive i.e. duplicated pain or developed numbness. The normal Phalen's was apparently negative. In addition, EMG studies are not Guideline supported unless a cervical radiculopathy is highly suspect which is not applicable in this individual. Under these circumstances, the request for electromyography (EMG) bilateral upper extremity is not supported by Guidelines and is not medically necessary.