

Case Number:	CM17-0003619		
Date Assigned:	01/10/2017	Date of Injury:	10/25/2016
Decision Date:	02/09/2017	UR Denial Date:	12/13/2016
Priority:	Standard	Application Received:	01/05/2017

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, Florida

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a now 40-year-old female with history of an occupational claim from 10/25/2016. The mechanism of injury is detailed as repetitive activities due to usual and customary job duties. The current diagnoses are documented as pain in the left upper arm and sprain of the other part of the left hand and wrist. Past treatment includes chiropractic therapy. The progress note from 12/02/2016 notes patient complained of increased weakness and/or numbness but stated that 6 chiropractic therapy visits have helped. The patient was able to grip with less pain and felt more flexible. There was a positive Cozen's, Tinel's and de Quervain's test. The patient had 4-5 strength. The request for authorization was signed on 12/06/2016. The request was previously denied as there is no rationale for performing upper extremity EMG/NCV testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Electrodiagnostic testing (EMG/NCS).

Decision rationale: The California MTUS 2016 Chronic Pain Treatment Guidelines note electrodiagnostic studies are generally excepted, well-established and widely used for localizing the source of neurological symptoms and establish with the diagnosis of focal nerve entrapment, such as carpal tunnel syndrome or radiculopathy. It was noted that the patient did receive 6 visits of chiropractic therapy that have helped. The chiropractic therapy visits allowed the patient to grip with less pain and feel more flexible. As the patient has not failed to improve with conservative treatment the requested diagnostic studies would not be supported at this time. As such, the request is not medically necessary.

Nerve Conduction Studies of the left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Electrodiagnostic testing (EMG/NCS).

Decision rationale: The California MTUS 2016 Chronic Pain Treatment Guidelines note electrodiagnostic studies are generally excepted, well-established and widely used for localizing the source of neurological symptoms and establish with the diagnosis of focal nerve entrapment, such as carpal tunnel syndrome or radiculopathy. It was noted that the patient did receive 6 visits of chiropractic therapy that have helped. The chiropractic therapy visits allowed the patient to grip with less pain and feel more flexible. As the patient has not failed to improve with conservative treatment the requested diagnostic studies would not be supported at this time. As such, the request is not medically necessary.

EMG of the right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Electrodiagnostic testing (EMG/NCS).

Decision rationale: The California MTUS 2016 Chronic Pain Treatment Guidelines note electrodiagnostic studies are generally excepted, well-established and widely used for localizing the source of neurological symptoms and establish with the diagnosis of focal nerve entrapment, such as carpal tunnel syndrome or radiculopathy. It was noted that the patient did receive 6 visits of chiropractic therapy that have helped. The chiropractic therapy visits allowed the patient to grip with less pain and feel more flexible. As the patient has not failed to improve with conservative treatment the requested diagnostic studies would not be supported at this time. As such, the request is not medically necessary.

Nerve Conduction Study of the right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Electrodiagnostic testing (EMG/NCS).

Decision rationale: The California MTUS 2016 Chronic Pain Treatment Guidelines note electrodiagnostic studies are generally excepted, well-established and widely used for localizing the source of neurological symptoms and establish with the diagnosis of focal nerve entrapment, such as carpal tunnel syndrome or radiculopathy. It was noted that the patient did receive 6 visits of chiropractic therapy that have helped. The chiropractic therapy visits allowed the patient to grip with less pain and feel more flexible. As the patient has not failed to improve with conservative treatment the requested diagnostic studies would not be supported at this time. As such, the request is not medically necessary.