

Case Number:	CM13-0002902		
Date Assigned:	12/27/2013	Date of Injury:	01/07/2009
Decision Date:	03/18/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57-year-old female who reported an injury on 01/07/2009. The mechanism of injury was noted to be repetitive trauma. Per the physician's documentation, the patient had a nerve study that was consistent with right greater than left carpal tunnel syndrome and ulnar neuropathy at the elbows bilaterally. The patient was noted to undergo a right median nerve neurolysis/decompression and tenosynovectomy of the flexor tendons on the right wrist on 01/30/2013. The patient was noted to have a long history of pain/numbness to the bilateral hands, worse on the right. The patient was noted to be treated with injections/PT/bracing without much help. Physical examination revealed the patient had no numbness/tingling on the median nerve distribution, had a negative Tinel's sign of the median nerve and of the ulnar nerve on the right wrist. The left wrist was noted to show a positive Phalen's maneuver with resultant numbness/tingling in the median nerve distribution, and Tinel's sign of the median nerve was positive. Per the patient, she was noted to have a history of bilateral carpal tunnel syndrome and ulnar entrapment. The request was made for repeat EMG of the bilateral upper extremities. The diagnoses were noted to be carpal tunnel syndrome of the right and left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat EMG bilateral upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: ACOEM states that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The clinical documentation submitted for review indicated the patient had objective positive findings on the left wrist to support and EMG of the left upper extremity. There was lack of documentation indicating the patient had positive findings of neurologic dysfunction in the right wrist. Per the physician's documentation, the patient had a nerve study that was consistent with right greater than left carpal tunnel syndrome and ulnar neuropathy at the elbows bilaterally. The prior study was not presented for review. Given the above, the request for repeat EMG of the bilateral upper extremities is not medically necessary.