

Case Number:	CM13-0015888		
Date Assigned:	10/11/2013	Date of Injury:	10/07/2009
Decision Date:	01/17/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/23/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 49-year-old female with a reported date of injury on 10/07/2009. The patient presented with mild to moderate tenderness of the dorsal ulnar aspect of the right wrist, decreased range of motion in the cervical spine, increased low back pain, and a positive Tinel's at the median nerve in the left wrist. The patient had full range of motion in all of the digits in the right hand and wrist, sensory and motor exam was intact bilaterally, and there was no instability noted. The patient had diagnoses including carpal tunnel syndrome, TFC tear, status post arthroscopic TFC debridement and abrasion chondroplasty on the right, and ulnar patch on the left wrist with carpal tunnel syndrome. The physician's treatment plan included request for an outpatient 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:

Outpatient EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Electrodiagnostic studies (EDS)

Decision rationale: The California MTUS guidelines do not address EMG/NCV. ACOEM recommends the use of EMG/NCV for patients with possible carpal tunnel syndrome. The Official Disability guidelines further note, nerve conduction studies (NCS) are recommended in patients with clinical signs of CTS who may be candidates for surgery. The Official Disability Guidelines note electromyography (EMG) is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS). In more difficult cases, needle electromyography (EMG) may be helpful as part of electrodiagnostic studies which include nerve conduction studies (NCS). Within the provided documentation, the requesting physician's rationale for the request was unclear. Additionally, within the provided documentation, the requesting physician did not include adequate documentation of significant objective findings of neurologic deficit that would indicate the patient's need for an EMG/NCV of the bilateral upper extremities. The patient had a positive Tinel's at the median nerve in the left wrist and a negative Tinel's in the median nerve of the right wrist. Therefore, the request for EMG/NCV of the bilateral upper extremities is neither medically necessary, nor appropriate.