MAXIMUS Federal Services

Case Number:	CM13-0020569		
Date Assigned:	10/02/2013	Date of Injury:	02/09/2012
Decision Date:	01/14/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/20/2013

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 and Rehabilitation, has a subspecialty in Pain Management 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.

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 is a female patient with a date of injury of February 9, 2012. A utilization review determination dated July 12, 2013 recommends non-certification of EMG left upper extremity and EMG right upper extremity. The report recommends certification of nerve conduction study right upper extremity and nerve conduction study left upper extremity. Bilateral EMG is recommended for non-certification due to, "the patient is not presented as having radiculopathy as there is normal tone reported to both upper extremities and deep tendon reflexes are intact. Sensory exam is intact to light touch with mild blunting to pinprick over index and middle fingers of both hands." A permanent and stationary report dated July 1, 2013 includes a subjective complaints stating, "Presently, the patient complains of sensitivity at the right greater than left hand with some pain that seems to radiate up the arm. Her symptoms are worsened with repetitive or vigorous activity and they are somewhat nonspecific or generalized." The note goes on to state, "she was taken to the operating room through my care 1st on October 11, 2012 where she underwent left endoscopic carpal tunnel release, and subsequently on January 20, 2013 where she underwent right endoscopic carpal tunnel release. The patient was treated postoperatively with physical therapy and gradual resumption of activity. Unfortunately, the patient has continued to have substantial subjective complaints after this surgical treatment." Physical examination identifies, "there is some mild generalized tenderness to palpation at the base of the palm and about the wrist. There is no real anatomic focus to the patient's wrist tenderness. No crepitus with range of motion. No effusion." Range of motion is normal. Strength and tone of the musculature about the wrist and hand is normal, "good sensation is noted at the median nerve distribution with no identifiable deficit. Tinel's and Phalen's tests negative." The note goes on to review diagnostic tes

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 271-273. Decision based on Non-MTUS Citation ODG Carpal Tunnel Syndrome (updated 5/7/2013)..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies (EDS) and Electromyography. .

Decision rationale: The MTUS/ACOEM Guidelines indicate that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome (CTS) and other conditions. The guidelines also indicate that electromyography may be needed in more difficult cases. The ODG indicates that the addition of electromyography is not generally necessary. Within the documentation available for review, the requesting physician has identified that the patient continues to have symptoms despite bilateral carpal tunnel release. The request for repeat electrodiagnostic studies is to "determine the outcome of carpal tunnel surgeries." There is no statement indicating what medical decision-making will be based upon the outcome of the repeat of electrodiagnostic studies. There is no documentation indicating that the repeat electrodiagnostic study is being used to differentiate carpal tunnel syndrome from cervical radiculopathy. There is no indication that the patient would potentially be a candidate for repeat carpal tunnel surgery. His note goes on to state that "if she remained symptomatic, we are better off getting functional capacity evaluation to see what her return to work status would be." It seems as though his current treatment plan is contingent upon her ongoing symptoms, rather than the outcome of a repeat of electrodiagnostic study. The request for electromyography (EMG) of the left upper extremity is not medically necessary and appropriate.

Nerve conduction velocity (NCV) of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation ODG Carpal Tunnel Syndrome (updated 5/7/2013)..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies (EDS) and Electromyography..

Decision rationale: The MTUS/ACOEM Guidelines indicate that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome (CTS) and other conditions. They go on to state that electromyography may be needed in more difficult cases. The ODG indicates that the addition of electromyography is not generally necessary. Within the documentation available for review, the requesting physician has identified that the patient continues to have symptoms despite bilateral carpal tunnel release. The request for repeat electrodiagnostic studies

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