

Case Number:	CM13-0021645		
Date Assigned:	11/13/2013	Date of Injury:	05/01/2010
Decision Date:	01/27/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/09/2013

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 Internal Medicine, and is licensed to practice in Maryland. 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:

██████████ is a 41 year old female who is being followed up for bilateral upper extremity pain. Her date of injury was May 1, 2010 and the mechanism of injury was repetitive injury from performing her regular duty. She was initially treated with Physical therapy and medications. Due to worsening of her symptoms she again presented for treatment in 2013. Her visit on July 10, 2013 was for bilateral wrist and hand pain due to repetitive motion. She had a negative Tinel's sign and negative Finkelstein's test. She was also noted to have a tender extensor tendon of the left index finger and tenderness over 2nd and 3rd MCP joint on right side. She was seen on July 31, 2013 for right forearm pain. She was noted to have forearm pain that was worse after work and associated tingling of right palm at night. She also was reportedly having no improvement with Physical therapy. On examination, she was noted to have tenderness over right forearm ulnar aspect and also central wrist. She was noted to have a mildly positive Tinel's sign on right side. Her diagnoses included tendonitis and bilateral upper extremity sprain. She was advised to continue Physical therapy and get nerve conduction studies of bilateral upper extremities to rule out neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS, bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 253-279. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Electrodiagnostic Testing.

Decision rationale: According to evidence cited above and according to Chronic Pain Medical Treatment Guidelines, electrodiagnostic testing is recommended in cases of carpal tunnel syndrome where initial conservative measures have failed. In this particular scenario, complaints of tingling were noted for the first time during the visit in question. No other symptoms or signs of carpal tunnel syndrome were noticed. The diagnosis was also bilateral upper extremity sprain or strain. There is no documentation of suspected carpal tunnel syndrome in bilateral upper extremities and there is no evidence of splints used prior to the recommendation of NCS (nerve conduction study). The request for EMG/NCS, bilateral upper extremities, is not medically necessary or appropriate.