

Case Number:	CM13-0022224		
Date Assigned:	11/13/2013	Date of Injury:	08/06/2010
Decision Date:	02/26/2014	UR Denial Date:	08/20/2013
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 Orthopedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Texas and Georgia. 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 52-year-old female who reported a work related injury on 08/06/2010, the specific mechanism of injury was the result of repetitive motion to the right upper extremity. The patient presented for treatment of the following diagnoses: carpal tunnel syndrome and status post lateral epicondylitis on 02/04/2013. The clinical notes documented the patient has undergone both MRI of the right extremity, as well as electrodiagnostic studies, the specific dates of procedures were not stated. The clinical note dated 07/12/2013 reports the patient was seen under the care of [REDACTED]. The provider documented the patient continues to have pain to the right shoulder and bicipital tendons, as well as the bilateral hands, with sensations of tingling, numbness, swelling, and loss of dexterity. The provider felt the patient was presenting with bilateral carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Nerve Conduction Study (NCV) of the Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-179. Decision based on Non-MTUS Citation ODG Official Disability Guidelines Neck and Upper Back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262,.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to support the requested diagnostic study at this point in her treatment. The clinical notes evidenced the patient had previously undergone an electrodiagnostic study, however, it is unclear when this was performed, or the results of the study. California MTUS/ACOEM indicate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. However, given the lack of documentation evidencing any motor, neurological, or sensory deficits upon physical exam of the patient, the request for NCV right upper extremity is not medically necessary or appropriate

Decision for electromyogram (EMG) of Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262,.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 177-179..

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence the patient presents with significant objective findings with symptomatology to support the requested diagnostic study at this point in her treatment. The clinical notes evidenced the patient had previously undergone an electrodiagnostic study, however, it is unclear when this was performed, or the results of the study. California MTUS/ACOEM indicates electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. However, given the lack of documentation evidencing any motor, neurological, or sensory deficits upon physical exam of the patient, the request for electromyogram (EMG) / Right Upper Extremity is not medically necessary or appropriate.