MAXIMUS Federal Services

Case Number:	CM13-0023020		
Date Assigned:	12/27/2013	Date of Injury:	09/26/2009
Decision Date:	08/29/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 expert 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 underlying date of injury in this case is 09/26/2009. The primary diagnoses include carpal tunnel syndrome, rotator cuff sprain, and cervicalgia. The patient is status post a left carpal tunnel release of 03/25/2013. On 08/14/2013, the patient was seen in primary treating physician follow-up and was noted to have ongoing left painful palmar incision with pilar tenderness and neck pain and pain radiating down the right arm. The treating physician noted that the last nerve conduction study of the upper extremity was in 2010. On physical examination, the patient had tenderness on palpation of the cervical spine. The patient was diagnosed with status post left carpal tunnel release with pilar pain and cervicalgia. The treating physician recommended a nerve conduction study and EMG of the upper extremities to further evaluate the patient's pain radiating down the right arm and continued numbness in the left hand despite her carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the Bilateral Wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: ACOEM Guidelines, Chapter 8, page 178, state that electromyography and nerve conduction velocities may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms or both lasting more than 3 or 4 weeks. Implicit in this guideline is that a neurological physical examination and differential diagnosis should be part of the assessment process. The medical records do not clearly include a current neurological examination or differential diagnosis. Thus, the rationale or clinical question to be answered with regard to the current request for repeat electrodiagnostic studies is not apparent. This request is not medical necessary.