

Case Number:	CM13-0029278		
Date Assigned:	11/27/2013	Date of Injury:	07/11/1995
Decision Date:	02/11/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/02/2013

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, 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 43-year-old gentleman who was injured in a work related accident on 07/11/95. The records provided for review included the most recent assessment of 05/15/13 at which time the claimant had low back, left and right hand, and "spine pain." It indicated that the claimant had recently been seen for orthopedic consultation describing no current new injury or complaint, but did note intermittent worsening of the left leg. Physical examination findings showed no documentation of neurologic findings stating coordination was "within normal limits." The claimant was diagnosed with carpal tunnel syndrome, neck sprain and cervical strain. Formal recommendations for treatment were not documented. There is a request for bilateral upper extremity nerve conduction studies and EMG studies bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for Nerve Conduction Studies (NCS) to the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 178,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back - EMG/NCS, Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: Based on California MTUS ACOEM Guidelines, the clinical request for NCS studies to the left upper extremity would not be supported. The records currently do not document any neurologic findings on examination of the claimant's upper extremities to justify the acute need for the request in question. Given the length of time since the claimant's injury and lack of current clinical findings, the proposed NCS of the left upper extremity would not be indicated.

request for NCS to the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back - EMG/NCS, Carpal Tunnel Syndrome.

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

Decision rationale: Based on California ACOEM Guidelines, the clinical request for NCS studies to the right upper extremity would not be supported. The records currently do not indicate neurologic findings being on examination of the claimant's right upper extremities to justify the acute need for request in question. Given the length of time since the claimant's injury and lack of current clinical findings, the proposed testing would not be indicated.

Request for Electromyography (EMG) to the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back - EMG/NCS, Carpal Tunnel Syndrome

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Based on California ACOEM Guidelines, the clinical request for EMG studies to the left upper extremity would not be supported. The records currently do not indicate neurologic findings being present to the claimant's upper extremities to justify the acute need for request in question. Given the claimant's timeframe from injury and lack of current clinical findings, proposed testing would not be indicated.

Request for EMG to the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 181-183, 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back - EMG/NCS, Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back - EMG/NCS, Carpal Tunnel Syndrome

Decision rationale: Based on California ACOEM Guidelines, the clinical request for EMG studies to the right upper extremity would not be supported. The records currently do not indicate neurologic findings on examination of the claimant's upper extremities to justify the acute need for request in question. Given the claimant's timeframe from injury and lack of current clinical findings, proposed testing would not be indicated.