

Case Number:	CM13-0032872		
Date Assigned:	12/06/2013	Date of Injury:	07/26/2010
Decision Date:	02/27/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/08/2013

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 Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 53-year-old who reported an injury on 07/26/2010; mechanism of injury not provided. The request is for an electro-diagnostic assessment of the right upper extremity. The patient is status post carpal tunnel release and date of surgery was in 2011. On 09/17/2013, the patient reported symptoms of numbness in the right and left hands. Objectively, the patient had a positive Tinel's and Phalen's test in left upper extremity. There were no new changes on neurological examination on the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyogram) of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 - 273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258 - 262 and 268 - 269.

Decision rationale: The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines states in cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. The patient is status post carpal tunnel release; however, the clinical information submitted for review did not reveal evidence of neurological deficits of the right upper extremity to support performing

electrodiagnostic tests of the right upper extremity. The request for an EMG of the right upper extremity is not medically necessary or appropriate.