

Case Number:	CM13-0034691		
Date Assigned:	12/11/2013	Date of Injury:	03/29/2012
Decision Date:	02/07/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/15/2013

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 claimant is a 36-year-old gentleman who was injured in a work related accident on March 29, 2012. The clinical records reviewed include an August 28, 2013 assessment with [REDACTED], orthopedic surgeon, indicating subjective complaints of pain about the back as well as evaluation of a hand injury. His hand complaints were due to cumulative trauma. It states at time of initial evaluation, his hand was not commented on due to the severity of his back complaints. His present complaints are that of numbness and tingling at the end of the day in the 2nd and 3rd digits. It states he does perform repetitive work with a jackhammer. Physical examination showed him to be with positive Phalen's test with discomfort and a positive Tinel's test bilaterally. He was given a diagnosis of "rule out carpal tunnel syndrome". Due to the ongoing nature of his injury, electrodiagnostic test of the upper extremities was recommended for further diagnostic interpretation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) / NERVE CONDUCTION STUDY (NCS) to upper extremities: Overturned

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): 265.

Decision rationale: CA MTUS states, "Appropriate electrodiagnostic studies (EDS) may help differentiate between Carpal Tunnel Syndrome (CTS) and other conditions, such as cervical radiculopathy." Based on California ACOEM Guidelines, electrodiagnostic studies for the potential diagnosis of carpal tunnel syndrome are warranted to help differentiate between carpal tunnel syndrome and other conditions such as cervical radicular processes. Given the claimant's clinical picture and documentation of chronic issues secondary to repetitive use of the hands and upper extremities, the role of electrodiagnostic studies for assessment would appear to be medically necessary.