

Case Number:	CM13-0034759		
Date Assigned:	02/20/2014	Date of Injury:	03/01/2011
Decision Date:	05/20/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/15/2013

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 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 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 claimant is a 50-year-old female injured in a work related accident on March 1, 2011. Clinical records provided for review include an August 27, 2013, progress report documenting complaints of low back pain with radiating bilateral leg pain; a physical examination showed diminished neurologic findings with L4 left and L5 right sensory deficit. No upper extremity complaints were indicated. An MRI scan and course of formal physical therapy were recommended. An assessment dated June 24, 2013, reflected a diagnosis of status post right carpal tunnel release with residual pain and noted untreated left carpal tunnel syndrome. The claimant reported subjective complaints of left hand numbness. Physical examination showed restricted grip strength, positive Tinel's sign and Phalen's testing at the wrists bilaterally, positive Tinel's sign at the cubital tunnel on the left upper extremity, and positive Finkelstein testing to the left first dorsal extensor compartment. Electrodiagnostic studies performed on August 30, 2011, demonstrated positive median neuropathy at the wrist consistent with carpal tunnel syndrome. Given current clinical findings, this request is for electrodiagnostic studies of the claimant's left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAM OF LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 269.

Decision rationale: According to ACOEM Guidelines, left upper extremity electrodiagnostic testing would not be supported in this case. The claimant's physical examination and previous electrodiagnostic studies are already confirmatory for a diagnosis of carpal tunnel syndrome. There would be no indication for repeat electrodiagnostic testing in this individual, whose diagnosis is already well established. The request for EMG is not medically necessary.

NERVE CONDUCTION VELOCITY STUDIES OF LEFT UPPER EXTREMITY:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 261, 269.

Decision rationale: According to ACOEM Guidelines, left upper extremity electrodiagnostic testing would not be supported in this case. The claimant's physical examination and previous electrodiagnostic studies are already confirmatory for a diagnosis of carpal tunnel syndrome. There would be no indication for repeat electrodiagnostic testing in this individual, whose diagnosis is already well established. The request for NCV is not medically necessary.