

Case Number:	CM13-0037001		
Date Assigned:	12/13/2013	Date of Injury:	04/11/2006
Decision Date:	06/03/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/22/2013

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 General Gurgery 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 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:

This is a 53 year old female claimant who sustained an industrial injury on 4/11/06. She suffered injuries to both arms but the biomechanics of the injuries are not discussed in the materials for review. The claimant appears to have numbness and tingling bilaterally on 9/9/13. There are clinical findings suggestive of Carpal Tunnel syndrome and radiculopathy. The claimant has had previous NCV and EMG on 4/20/2012. There is a request for repeat electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY AND NERVE CONDUCTION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Electrodiagnostic testing and Lee DH, Claussen GC, Oh S. J Am Acad Orthop Surg, 2004 Jul-Aug;12(4):276-87, Clinical nerve conduction and needle electromyography studies. .

Decision rationale: The claimant has had both Nerve Conduction studies and Electromyography done in the previous year. These tests were allegedly normal. Subsequently the claimant has developed atrophy and clinical signs of carpal tunnel syndrome and possible cervical

radiculopathy. "The three types of nerve conduction study are motor, sensory, and mixed, of which motor is the least sensitive. Electromyography records the intrinsic electrical activity of muscle fibers, thus providing the physiologic status of muscle function." Nerve conduction studies may be normal in studies of radiculopathy. EMG will allow for the differentiation of cervical radiculopathy, versus entrapment neuropathy versus concurrent peripheral neuropathy or mononeuropathy when used in complement to nerve conduction studies. This is especially true given the previous studies included both NCS and EMG. The repeat of both studies would allow for an "apples to Apples comparison" and rule out any neuropathies that may be diseases of Life. Therefore NCV and EMG are medically necessary.