

Case Number:	CM13-0040443		
Date Assigned:	12/20/2013	Date of Injury:	04/25/2012
Decision Date:	02/26/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine 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 55-year-old man who sustained a work-related injury on April 25, 2012. He subsequently was diagnosed with the bilateral carpal tunnel syndrome and myofascial pain. He was treated with conservative therapies including hand therapy, home exercise splinting and ice application as well as steroid injections. His EMG nerve conduction study performed on August 28, 2012 was normal. He underwent right carpal tunnel release on October 18, 2012. On February 2012, he reported exacerbation of his symptoms. On September 26, 2015, he reported continued pain in both forearms. He indicated numbness of the right side in the ulnar nerve distribution, which worsen when using a computer. His physical examination was grossly normal. The provider requested authorization for another EMG nerve conduction study because of persistent numbness and tingling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for electromyography of the bilateral upper extremities between 10/11/13 and 11/25/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 260.

Decision rationale: According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. On page 178, when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Furthermore, MTUS guidelines stated: Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. The patient has a previous EMG/NCV, which was normal. There is no change in his symptoms suggestive of entrapment neuropathy. He still has nonspecific symptoms and nonspecific pain. MTUS guidelines do not support the use of the use of electrodiagnostic testing in this test (Table 11-2 page 260). Therefore, electromyography of the bilateral upper extremities between 10/11/13 and 11/25/13 is not medically necessary. .

Request for nerve conduction study of the bilateral upper extremities between 10/11/13 and 11/25/13: Upheld

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