

Case Number:	CM13-0040481		
Date Assigned:	12/20/2013	Date of Injury:	03/01/2013
Decision Date:	02/18/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	10/07/2013

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 patient is a 49-year-old female who reported an injury on 03/01/2013 due to repetitive trauma while performing normal job duties. The patient developed right wrist and hand pain with associated numbness. The patient underwent an electrodiagnostic study on 10/18/2013 that revealed mild carpal tunnel syndrome of the right hand. The patient was treated with physical therapy, activity modification, heat therapy and acupuncture. The patient's most recent clinical evaluation revealed decreased grip strength on the right side and limited range of motion secondary to pain. Ulnar impaction test was positive, and there was a positive Phalen's test over the right wrist. The patient's diagnoses included right carpal tunnel syndrome with ulnar impaction. The patient's treatment plan included an EMG and MRI with continued conservative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography and Nerve Conduction Velocity Study of the right upper extremity between 8/29/2013 and 10/13/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The requested electromyography and nerve conduction velocity study of the right upper extremity between 08/29/2013 and 10/13/2013 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine states that "in cases of peripheral nerve impingement, if no improvement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated." The clinical documentation submitted for review did not provide any evidence of a significant decline in function due to the ongoing conservative treatment. The Official Disability Guidelines state, "Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." The clinical documentation submitted for review does not provide any evidence that the patient has any signs of radiculopathy that would complicate the patient's diagnosis of carpal tunnel syndrome. Therefore, the need for an electromyography study is not clearly evident. Though an NCV may be indicated for this patient, the request as it is written includes an electromyography study. The electromyography study was not indicated. As such, the requested electromyography and nerve conduction velocity studies of the right upper extremity between 08/29/2013 and 10/13/2013 was not medically necessary or appropriate.