

Case Number:	CM13-0041416		
Date Assigned:	12/20/2013	Date of Injury:	08/16/2013
Decision Date:	03/06/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/14/2013

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 Internal Medicine and is licensed to practice in New York. 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 sustained a work injury on 08/16/2013. The mechanism of injury was the development of bilateral hand and wrist pain while working as a prep cook at the [REDACTED]. His diagnoses include bilateral carpal tunnel syndrome, lateral epicondylitis, medical epicondylitis and trigger finger. On exam he has decreased grip strength bilaterally with point tenderness of the flexor tendon of the thumb and third finger right greater than left; positive Tinels sign, and tenderness of the medial and lateral epicondyle bilaterally. The claimant has been treated with medical therapy, splinting, physical therapy and a modified work schedule. the treating provider has requested bilateral EMG/NCV of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 271-273.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation on Official Disability Guidelines (ODG), Indications for EMG/NCV testing 2010 and Medscape Internal Medicine: Nerve conduction/Electromyography Testing 2012

Decision rationale: There is no documentation provided necessitating EMG testing of the left upper extremity. Per the medical documentation the claimant's clinical findings of upper extremity numbness involve only the left hand. EMG and nerve conduction studies are an extension of the physical examination. They can be useful in aiding in the diagnosis of peripheral nerve and muscle problems. This can include peripheral neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. Per the Official Disability Guidelines, EMG studies are only recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities but the addition of electromyography is generally not necessary. There is no specific indication for EMG testing of the left upper extremity. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

NCV Right Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 271-273.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for EMG/NCV testing 2010.

Decision rationale: There is documentation provided necessitating NCV testing of the right upper extremity. Per the medical documentation the claimant's clinical findings of upper extremity numbness involve the median nerve distribution of the right hand. There are clinical signs of carpal tunnel syndrome. EMG and nerve conduction studies are an extension of the physical examination. They can be useful in aiding in the diagnosis of peripheral nerve and muscle problems. This can include peripheral neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. Per the Official Disability Guidelines, NCV studies are only recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities but the addition of electromyography is generally not necessary. Medical necessity for the requested service has been established. The requested service is medically necessary.

NCV Left Upper Extremity: Overturned

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MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for EMG/NCV testing 2010.

Decision rationale: There is documentation provided necessitating NCV testing of the left upper extremity. Per the medical documentation the claimant's clinical findings of upper extremity numbness involve the median nerve distribution of the left hand. There are clinical signs of carpal tunnel syndrome. EMG and nerve conduction studies are an extension of the physical examination. They can be useful in aiding in the diagnosis of peripheral nerve and muscle problems. This can include peripheral neuropathies, entrapment neuropathies, radiculopathies,

and muscle disorders. Per the Official Disability Guidelines, NCV studies are only recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities but the addition of electromyography is generally not necessary. Medical necessity for the requested service has been established. The requested service is medically necessary.

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