

Case Number:	CM13-0049412		
Date Assigned:	12/27/2013	Date of Injury:	08/27/2012
Decision Date:	02/27/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/07/2013

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 Family Practice 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 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 61-year-old female who reported an injury on 08/27/2012. The mechanism of injury was cumulative trauma related to the performance of job duties. The patient had a previous history of a left carpal tunnel release in the year 2006. An EMG/NCV performed on 12/01/2012, showed right ulnar neuropathy at the elbow and mild bilateral carpal tunnel syndrome. As a result, the patient received a right carpal tunnel and cubital tunnel release on 04/25/2013, with 12 sessions of postoperative physical therapy. The most recent clinical note submitted for review was dated 08/15/2013 and noted that the patient complained of decreased numbness to the right hand and was prescribed 8 sessions of occupational therapy at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat bilateral EMG/NCV: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 44.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262, and 272..

Decision rationale: The ACOEM Guidelines state that nerve conduction studies and EMGs may be helpful in differentiating between carpal tunnel syndrome and other conditions, such as

cervical radiculopathy. Guidelines also state that clinical testing for carpal tunnel syndrome can include testing for Tinel's sign, Durkan's test, Phalen's sign, and checking for the square wrist sign. As the patient has already received an EMG/NCS that confirmed the diagnosis of carpal tunnel syndrome, it is unclear why another test is being requested. Although the patient did receive carpal tunnel release, there is no evidence in the clinical record submitted for review that the patient continues to have carpal tunnel symptoms. The patient does continue to complain of pain; however, she did report that numbness was decreased in the 08/15/2013 note. There was also no documentation that a Tinel's, Phalen's, Durkan's, or sensory test had been performed, indicating a change in diagnosis. There is also no evidence that a corticosteroid injection had been administered as a therapeutic alternative. ACOEM Guidelines state that routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without corresponding symptoms is not recommended. As such, the request for repeat bilateral EMG/NCV is not medically necessary and appropriate.