

Case Number:	CM13-0051716		
Date Assigned:	12/27/2013	Date of Injury:	09/25/2013
Decision Date:	03/11/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/14/2013

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 Illinois and Wisconsin. 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 requests a EMG of the right upper extremity to evaluate pain in the right wrist with numbness and tingling distally. She also reports radicular pain to the right shoulder. Date of injury: 09/26/13: the injury is secondary to repetitive work. Carpal tunnel syndrome is suspected. A reported dated 10/23/13 indicated the she had persistent pain and physical exam revealed positive Phalen's and Tinel's test for right median nerve compression. Carpal compression test on the right was positive for median nerve compression.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (updated 05/07/13), Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (updated 05/07/13), Electromyography (EMG).

Decision rationale: NCV are standard for diagnosis of CTS. If there is diagnostic uncertainty EMG is an option. EMG is used to exclude other conditions such as polyneuropathy, plexopathy and radiculopathy. The patient requested EMG to diagnosis carpal tunnel syndrome. She had a diagnosis strongly suggestive of CTS based on history and physical findings. At this time there is no evidence of diagnostic uncertainty there for EMG is not indicated.