

<b>Case Number:</b>	CM13-0051827		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/27/2008
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 expert 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:

According to the records made available for review, this is a 54-year-old male with a 7/27/08 date of injury, and status post left CTR 3/13. At the time (10/30/13) of request for authorization for left upper extremity EMG/NCV and left upper extremity Semmes-Weinstein testing, there is documentation of subjective (pain in the left thumb that started triggering 3 weeks ago, mild numbness to left thumb, numbness and tingling to right hand ring and middle fingers) and objective (positive scratch collapse test right carpal tunnel, intact sensory) findings, current diagnoses (carpal tunnel syndrome), and treatment to date (exercises, splinting, and medications). 10/10/13 medical report identified a request for EMG/NCV of left upper extremity and Semmes Weinstein of L upper extremity to discuss permanent and stationary status and impairment issues. There is no documentation of clinical signs of left carpal tunnel syndrome and that the patient is a candidate for surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT UPPER EXTERMITY EMG/NCV AND LEFT UPPER EXTREMITY SEMMES-WEINSTEIN TESTING:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM-FOREARM, WRIST AND HAND COMPLAINTS, ,

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258, 261, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Electrodiagnostic studies (EDS), Semmes-Weinstein monofilament test

**Decision rationale:** According to the records made available for review, this is a 54-year-old male with a 7/27/08 date of injury, and status post left CTR 3/13. At the time (10/30/13) of request for authorization for left upper extremity EMG/NCV and left upper extremity Semmes-Weinstein testing, there is documentation of subjective (pain in the left thumb that started triggering 3 weeks ago, mild numbness to left thumb, numbness and tingling to right hand ring and middle fingers) and objective (positive scratch collapse test right carpal tunnel, intact sensory) findings, current diagnoses (carpal tunnel syndrome), and treatment to date (exercises, splinting, and medications). 10/10/13 medical report identified a request for EMG/NCV of left upper extremity and Semmes Weinstein of L upper extremity to discuss permanent and stationary status and impairment issues. There is no documentation of clinical signs of left carpal tunnel syndrome and that the patient is a candidate for surgery.