

Case Number:	CM13-0052952		
Date Assigned:	12/30/2013	Date of Injury:	05/23/2001
Decision Date:	03/14/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/18/2013

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 Occupational Medicine, and is licensed to practice in Hawaii. 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:

This patient is a 55 year old female with date of injury of 5/23/01. Medical documentation indicates that the patient is undergoing treatment for right cubital tunnel and right carpal tunnel. Treatment has included right cubital/carpal tunnel release and physical therapy. Findings from bilateral EMG/NCV testing on 6/17/13 include bilateral carpal tunnel syndrome, mild, slightly worse on the right with some axonal loss; mild cubital tunnel syndrome, and probable right thoracic outlet syndrome. Other diagnostic tests include an MRI of the right shoulder and cervical spine. A physical exam from 11/15/13 revealed positive Yergason's, speed, empty can, and impingement testing to right shoulder. Additionally, there was diffuse decreased sensation over C5-C dermatomes to the right upper extremities. No documentation or comment pertaining to left upper extremity was noted, except as a comparison to right side: "Motor strength in right upper extremity appears mildly increased/improved, but still deficient when compared to the left arm."

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the left upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 33-34, 261-269.

Decision rationale: The ACOEM guidelines state that special studies of the hands/wrists are not needed until after a 4-6 period of conservative care. Guidelines also state that EMG may be warranted if cervical radiculopathy is suspected as a cause of lateral arm pain that has lasted at least six weeks, or if severe nerve entrapment is suspected. The medical documentation provided almost exclusively pertains to the patient's right extremity pathologies. The rationale for right sided EMG/NCS was adequate and was certified as medically necessary. The progress notes were silent regarding the physician's rationale for left sided EMG. Additionally, physical exam findings to left upper extremities did not document that severe nerve entrapment was suspected. As such, the request for EMG of the left upper extremity is not medically indicated.

NCS of the left upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 33-34, 261-269.

Decision rationale: The ACOEM guidelines state that special studies of the hands/wrists are not needed until after a 4-6 period of conservative care. Guidelines also state that NCS may be warranted if severe nerve entrapment is suspected. The medical documentation provided almost exclusively pertains to the patient's right extremity pathologies. The rationale for right sided EMG/NCS was adequate and was certified as medically necessary. The progress notes were silent regarding the physician's rationale for left sided NCS. Additionally, physical exam findings to left upper extremities did not document that severe nerve entrapment was suspected. As such, the request for NCS of the left upper extremity is not medically indicated.