

Case Number:	CM13-0058718		
Date Assigned:	12/30/2013	Date of Injury:	10/16/2011
Decision Date:	06/04/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/27/2013

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 Occupational Medicine 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:

The patient is a 47 year old female who was injured on 10/16/2011 while picking up a 40 lb box when he felt a sharp pain in his lower back. Prior treatment history has included physical therapy. PR-2 dated 10/08/2013 indicates the patient presents with complaints of right wrist pain with numbness and weakness. Objective findings on exam revealed positive Phalen's and Tinel's on the right. There is sensory loss and pain and numbness that is worst on the right than the left. She also has a loss of grip strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Electromyography, (EMG), Nerve conduction studies (NCS).

Decision rationale: The patient reportedly had x-rays taken and was given physical therapy enabling return to work, but symptoms either persisted or returned. The request for bilateral upper extremity EMG/NCS is made about 9 months after the date of injury apparently to rule out

carpal tunnel syndrome. An 8/8/13 clinic note documents subjective complaints of right hand/wrist pain, numbness of 1-3 fingers, and weakness. On examination, there is right-sided weakness on grip testing versus the left, decreased and painful range of motion, and positive tinel's sign at the wrist. Left hand and wrist exam is normal. Diagnosis is made of right carpal tunnel syndrome. For evaluation of carpal tunnel syndrome, guidelines recommend nerve conduction studies (NCS), but electromyography (EMG) is recommended only in cases where diagnosis is difficult with nerve conduction studies. Therefore, the request for EMG of right upper extremity is not medically necessary.

NCV OF THE RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Electromyography, (EMG), Nerve conduction studies (NCS).

Decision rationale: The patient reportedly had x-rays taken and was given physical therapy enabling return to work, but symptoms either persisted or returned. The request for bilateral upper extremity EMG/NCS is made about 9 months after the date of injury apparently to rule out carpal tunnel syndrome. An 8/8/13 clinic note documents subjective complaints of right hand/wrist pain, numbness of 1-3 fingers, and weakness. On examination, there is right-sided weakness on grip testing versus the left, decreased and painful range of motion, and positive tinel's sign at the wrist. Left hand and wrist exam is normal. Diagnosis is made of right carpal tunnel syndrome. For evaluation of carpal tunnel syndrome, guidelines recommend nerve conduction studies (NCS), but electromyography (EMG) is recommended only in cases where diagnosis is difficult with nerve conduction studies. Therefore, the request for NCS of right upper extremity is approved.

EMG/NCV OF THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Electromyography, (EMG), Nerve conduction studies (NCS).

Decision rationale: The patient reportedly had x-rays taken and was given physical therapy enabling return to work, but symptoms either persisted or returned. The request for bilateral upper extremity EMG/NCS is made about 9 months after the date of injury apparently to rule out carpal tunnel syndrome. An 8/8/13 clinic note documents subjective complaints of right hand/wrist pain, numbness of 1-3 fingers, and weakness. On examination, there is right-sided weakness on grip testing versus the left, decreased and painful range of motion, and positive tinel's sign at the wrist. Left hand and wrist exam is normal. Diagnosis is made of right carpal

tunnel syndrome. EMG and NCS of the left upper extremity are not approved given the lack of left-side symptoms or examination findings in the available medical records.