MAXIMUS Federal Services

Case Number:	CM13-0066057		
Date Assigned:	01/03/2014	Date of Injury:	08/17/2011
Decision Date:	04/21/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/16/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Califronia. 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 48-year-old male who reported an injury on 08/17/2011. The mechanism of injury was noted to be lifting. His diagnoses include status post left 1st dorsal compartment release, bilateral carpal tunnel syndrome, and mechanical low back pain. His symptoms are noted to include pain and numbness to his bilateral wrists which radiates throughout his fingers of both hands in a non-specific pattern. Physical examination findings revealed decreased sensation to pinprick in a non-specific pattern in all fingers of both hands and normal motor strength. The patient was noted to have had electrodiagnostic testing on 11/26/2013 which included EMG and NCS. The findings revealed mildly prolonged latency across the wrist on the left median sensory nerve and right and left radial motor nerves were noted for absent F-waves bilaterally. This was noted to indicate very mild and minimal left carpal tunnel syndrome and no electro-diagnostic evidence of right carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: According to ACOEM studies, if there is no improvement or worsening within 4 to 6 weeks and peripheral nerve impingement is suspected, electrical studies may be indicated. The clinical information submitted for review indicates the patient had electrodiagnostic testing including electromyography and nerve conduction studies of the bilateral upper extremities and bilateral lower extremities on 11/26/2013. The clinical information failed to provide any documentation indicating a possible need for repeat studies at this time. In the absence of a documented indication for repeat testing, the request is not supported