

Case Number:	CM13-0066173		
Date Assigned:	01/03/2014	Date of Injury:	02/10/2013
Decision Date:	05/19/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/16/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 32 year old male with date of injury 2/10/13. The treating physician report dated 11/18/13 indicates that the patient presents with continued left wrist pain with frequent numbness and tingling precipitated by activities of daily living and occurring during sleep. The current diagnoses are, history of blunt injury involving the left wrist and thumb, post injury left superficial radial neuritis, and rule out traumatic post injury left carpal tunnel syndrome. The utilization review report dated 11/27/13 denied the request for left upper extremity EMG/BCV based on the rationale that there was not sufficient documentation to indicate a potentially difficulty for diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV LEFT UPPER EXTREMITY/WRIST: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The MTUS/ACOEM guidelines state, "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. Based on the medical records provided for review the treating physician has documented that the patient has positive Tinel and Phalen signs with decreased sensation in all digits. The treating physician also documents that there is suspected left carpal tunnel syndrome and has requested the EMG due to failure of carpal tunnel injection and usage of wrist splint with continued pain and paresthesia. Furthermore, the treating physician has documented that there are examination findings suggestive of carpal tunnel syndrome and that electrodiagnostic studies are required to confirm the diagnosis. The requests for EMG/NCV of the left upper extremity/wrist are medically necessary and appropriate.