

Case Number:	CM13-0068498		
Date Assigned:	01/03/2014	Date of Injury:	03/12/2010
Decision Date:	05/02/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/19/2013

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 Orthopedic Surgery 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 claimant is a 40 year old with a date of injury on March 12, 2010. The claimant has been treated for neck and arm pain with hand numbness. He is status post carpal tunnel release surgery performed in the past. On the November 6, 2013 progress report, there were documented complaints of shoulder pain, neck and back pain. The examination of the bilateral upper extremities demonstrated evidence of shoulder dysfunction and findings of carpal tunnel syndrome affecting the right hand. There were no specific neurologic deficits noted. Bilateral EMG/Nerve Conduction Studies were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electromyography (EMG) of the bilateral upper extremities between 11/25/13 and 1/9/14:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: The Electromyography (EMG)/Nerve Conduction Studies of the claimant's bilateral upper extremities between November 25, 2013 and January 9, 2014 would be

considered medically necessary and appropriate based on the records provided. The MTUS ACOEM Guidelines support EMG/Nerve Conduction Studies to help differentiate carpal tunnel syndrome from conditions such as cervical radiculopathy. Based on the examination performed in November 2013, there is concern over neck pain and shoulder pain. The note provided by [REDACTED] on July 11, 2013 documents this claimant had EMG/Nerve Conduction Studies performed prior to his left carpal tunnel surgery which was performed in 2011. There have been continued complaints of neck, shoulder and hand pain and findings of neurologic dysfunction in examination of the claimant's upper extremities. Therefore per the CA MTUS ACOEM Guidelines, the request for EMG/Nerve Conduction studies of the bilateral upper extremities between November 25, 2013 and January 9, 2014 would be considered medically necessary and appropriate in this case.

1 Nerve Conduction Velocity (NCV) of the bilateral upper extremities between 11/25/13 and 1/9/14: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: The Electromyography (EMG)/Nerve Conduction Studies of the claimant's bilateral upper extremities between November 25, 2013 and January 9, 2014 would be considered medically necessary and appropriate based on the records provided. The MTUS ACOEM Guidelines support EMG/Nerve Conduction Studies to help differentiate carpal tunnel syndrome from conditions such as cervical radiculopathy. Based on the examination performed in November 2013, there is concern over neck pain and shoulder pain. The note provided by [REDACTED] on July 11, 2013 documents this claimant had EMG/Nerve Conduction Studies performed prior to his left carpal tunnel surgery which was performed in 2011. There have been continued complaints of neck, shoulder and hand pain and findings of neurologic dysfunction in examination of the claimant's upper extremities. Therefore per the CA MTUS ACOEM Guidelines, the request for EMG/Nerve Conduction studies of the bilateral upper extremities between November 25, 2013 and January 9, 2014 would be considered medically necessary and appropriate in this case.