

Case Number:	CM13-0068971		
Date Assigned:	01/03/2014	Date of Injury:	03/24/2010
Decision Date:	04/24/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/20/2013

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 Illinois. 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:

California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines state electrodiagnostic studies are recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities, but the addition of electromyography is not generally necessary. As per the documentation submitted, the patient has completed an MRI of the left elbow as well as an EMG/NCV study of the left upper extremity, which indicated normal findings. The medical necessity for a repeat electrodiagnostic study of the left upper extremity has not been established. While the patient's physical examination does reveal positive Phalen's testing, positive Tinel's testing, and positive muscle atrophy on the right, there is no documentation of a significant neurological deficit with regard to the left upper extremity. There is also no indication that the patient has undergone conservative care. Conservative care should be completed prior to considering an electrodiagnostic study. Based on the clinical information received, the request is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Electrodiagnostic studies (EDS)

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines state electrodiagnostic studies are recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities, but the addition of electromyography is not generally necessary. As per the documentation submitted, the patient has completed an MRI of the left elbow as well as an EMG/NCV study of the left upper extremity, which indicated normal findings. The medical necessity for a repeat electrodiagnostic study of the left upper extremity has not been established. While the patient's physical examination does reveal positive Phalen's testing, positive Tinel's testing, and positive muscle atrophy on the right, there is no documentation of a significant neurological deficit with regard to the left upper extremity. There is also no indication that the patient has undergone conservative care. Conservative care should be completed prior to considering an electrodiagnostic study. Based on the clinical information received, the request is non-certified.

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