

Case Number:	CM13-0069003		
Date Assigned:	01/17/2014	Date of Injury:	05/13/2013
Decision Date:	05/28/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/20/2013

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 & Rehabilitation, 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 injured worker is a 47 year old female with date of injury stated on 05/13/2013. The mechanism of injury was not documented in clinical records received. The injured worker stated over a period of several months she had progressive worsening of her symptoms in the left more than the right hand with daily activities. The injured worker reported pain which awakened her while sleeping at night, as stated in clinical document dated 11/13/13. JAMAR dynamometer showed some increased weakness in the right hand as documented in clinical note dated 01/09/2014. The clinical stated the injured worker had full active range of motion to the cervical spine, shoulders, elbows, wrists and hands. Slight positive provocative testing for right cubital tunnel syndrome was seen. Slight positive provocative testing for left carpal tunnel syndrome and normal vascular exam was seen. Impressions showed clinical evidence of slight right cubital tunnel syndrome and right and left carpal tunnel syndrome. The injured worker has used night splinting, and physical therapy. The request for authorization was submitted on 01/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Electromyography (EMG).

Decision rationale: The request for an EMG of left upper extremity is not medically necessary. The evaluation submitted for review shows evidence of a moderate to severe bilateral median neuropathy at the wrist consistent with carpal tunnel syndrome, left less than right. There was no evidence of any other mononeuropathies (ulnar, radial) in both upper extremities. ACOEM states that the use of electrodiagnostic studies may be used to help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. The Official Disability Guidelines state EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies. It did not appear the patient previously underwent NCV with difficulty indicating a diagnosis from the testing. As EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies, an EMG would not be indicated. Therefore the use of EMG is not medically necessary.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Electromyography (EMG).

Decision rationale: The decision for EMG of right upper extremity is not medically necessary. The evaluation submitted for review shows evidence of a moderate to severe bilateral median neuropathy at the wrist consistent with carpal tunnel syndrome right greater than left. There was no evidence of any other mononeuropathies (ulnar, radial) in both upper extremities. ACOEM states that the use of electrodiagnostic studies should be used to help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. The clinical notes show symptoms to support a diagnosis therefore EMG studies are not necessary. The Official Disability Guidelines state EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies. It did not appear the patient previously underwent NCV with difficulty indicating a diagnosis from the testing. As EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies, an EMG would not be indicated. Therefore the use of EMG is not medically necessary.