

Case Number:	CM13-0072380		
Date Assigned:	01/08/2014	Date of Injury:	02/17/2009
Decision Date:	04/28/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/30/2013

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 57-year-old male who reported injury on 02/17/2009. The patient's mechanism of injury was a slip and fall on a wet floor. Per the submitted office note of 11/18/2013, the patient underwent an EMG/NCV on 09/12/2012, which revealed an abnormal electrodiagnostic study indicating carpal tunnel syndrome bilaterally. The examination revealed that the patient had bilateral carpal tunnel injections, and the physician had opined that the patient was a candidate for carpal tunnel release surgery, which the patient was unsure of. The physical examination revealed the sensation was numb in the right thumb to the middle and left thumb, to the radial ring finger on light stroke testing. The patient had a positive bilateral carpal tunnel test, Tinel's, and Phalen's. The patient was requesting another injection, but the physician opined it should wait until after a repeat NCV. The patient's diagnoses included bilateral carpal tunnel syndrome, NVC positive, post 4 right and 2 left injections. It was indicated the patient's last nerve conduction velocity was over 3 years ago, and the physician requested a new nerve conduction study EMG.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178; 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS/ACOEM guidelines states that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Clinical documentation submitted for review failed to provide documentation that the patient's condition had changes sufficiently to warrant a repeat bilateral upper extremity EMG. Additionally, there was no surgical intervention performed that would have changed the prior study. The request for an EMG of the bilateral upper extremities is not medically necessary and appropriate.

NCV OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178; 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS/ACOEM guidelines states that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Clinical documentation submitted for review failed to provide documentation that the patient's condition had changes sufficiently to warrant a repeat bilateral upper extremity NCV. Additionally, there was no surgical intervention performed that would have changed the prior study. The request for an NCV of the bilateral upper extremities is not medically necessary and appropriate.