

Case Number:	CM14-0005070		
Date Assigned:	01/24/2014	Date of Injury:	01/21/2013
Decision Date:	06/10/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/14/2014

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:

This patient is a 38-year-old female with a date of injury of 1/21/13. The listed diagnoses per [REDACTED] are carpal tunnel syndrome and pain in the wrist. According to the report dated 12/13/13 by [REDACTED], the patient presents with bilateral forearm, wrist, hand, and finger pain. Examination of the left wrist revealed no swelling, ecchymosis, or erythema. There is palpation of soft tissue and positive tenderness in the volar wrist. Overall, wrist range of motion is full. Neurologic test is positive for Phalen's, Tinel's, and carpal tunnel compression test. Neurovascular exam otherwise is normal. The patient is able to flex and extend all fingers and oppose the thumb. Sensation is intact to light touch. There is 2+ radial and ulnar pulses and the capillary refill is 3 seconds. Strength stability is 5/5 in all muscle groups. Examination of the right wrist revealed same results as the left wrist. X-ray of the wrist revealed that the patient demonstrated no acute or chronic abnormalities; the exam was normal. The patient's prior treatments include right carpal tunnel release in June 2013, physical therapy, and medications. The primary treating physician states that the patient's clinical history and physical exam would show some sort of compression peripheral neuropathy or neurologic injury, the best way to determine this is with EMG/NCV.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 262, 303. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The ACOEM guidelines state that when neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3-4 weeks. The medical records provided for review show that the patient had EMG/NCS of the bilateral upper extremities on 6/13/13 which revealed severe right carpal tunnel syndrome, and moderate to severe left carpal tunnel syndrome. The patient subsequently underwent right carpal tunnel release on 6/17/13. The medical records do not show that surgery for the left hand ever took place. In this case, the patient has already had a set of EMG done in June 2013. There is no change in diagnosis or new injury to warrant a repeat EMG of the left arm. As such, the request is not medically necessary.

ELECTROMYOGRAPHY (EMG) RIGHT UPPER EXTREMITY: Overturned

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 262, 303.

Decision rationale: The patient's prior EMG study is from 6/13/13, just a few days before surgery. The ACOEM Guidelines state that when neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3-4 weeks. Repeat studies are allowed if the patient continues to be symptomatic. The patient appears to be still symptomatic and repeat EMG following surgery appears reasonable and consistent with the ACOEM. As such, the request is medically necessary.