

Case Number:	CM14-0109582		
Date Assigned:	08/01/2014	Date of Injury:	04/06/2009
Decision Date:	09/03/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/15/2014

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 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 is a patient with a date of injury of 4/6/09. A utilization review determination dated 6/19/14 recommends non-certification of EMG/NCV ((Electromyogram/ Nerve conduction velocity) RUE (Right Upper Extremity) (. 4/21/14 medical report identifies no complaints of the right upper extremity. The patient has a history of diabetes. On exam, there is a positive Tinel's sign at the right wrist. An EMG/NCV of the right upper extremity was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right Upper Extremity (RUE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Electrodiagnostic studies (EDS).

Decision rationale: California MTUS notes that appropriate Electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. ODG notes that Electrodiagnostic studies are recommended in patients

with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary. Within the documentation available for review there is no documentation of any complaints of the right upper extremity. The only positive exam finding in a Tinel's sign at the wrist, with no other indication that other testing has been performed, such as a Katz hand diagram, Semmes-Weinstein test, Durkan's test, or testing for Phalen's sign. Furthermore, there is no indication that initial conservative treatment has been tried. In light of the above issues, the currently requested EMG Right Upper Extremity (RUE) is not medically necessary.

NCV Right Upper Extremity (RUE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Electrodiagnostic studies (EDS).

Decision rationale: California MTUS notes that appropriate Electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. ODG notes that Electrodiagnostic studies are recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary. Within the documentation available for review, there is no documentation of any complaints of the right upper extremity. The only positive exam finding in a Tinel's sign at the wrist, with no other indication that other testing has been performed, such as a Katz hand diagram, Semmes-Weinstein test, Durkan's test, or testing for Phalen's sign. Furthermore, there is no indication that initial conservative treatment has been tried. In light of the above issues, the currently requested NCV Right Upper Extremity (RUE) is not medically necessary.