

Case Number:	CM14-0011080		
Date Assigned:	02/21/2014	Date of Injury:	03/06/2001
Decision Date:	07/24/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/28/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

A 11/6/13 note reports the injured worker has probable bilateral carpal tunnel syndrome. The treating physician noted the injured worker clinically had tardy ulnar nerve palsies and carpal tunnel syndromes. A 11/6/13 supplemental note reported spasm and decreased range of motion in the neck and levator scapulae, rhomboid, and lower trapezius muscles. There is decreased range of motion in the shoulders. The treating physician noted the insured had bilateral carpal tunnel syndromes.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE ELECTROMYOGRAPHY OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) neck and upper back, EMG.

Decision rationale: The medical records provided for review do not indicate any new neurologic findings being reported and reports the diagnosis of carpal tunnel and ulnar neuropathies having been made. The medical records do not indicate a plan for surgery or how the nerve conduction study would modify the current treatment plan. The ODG does not support EMG of the upper

extremities based on the medical records provided for review. As such, the request is not medically necessary.

NERVE CONDUCTION VELOCITY STUDIES OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Neck and upper back, EMG.

Decision rationale: The medical records provided for review do not indicate any new neurologic findings being reported and reports the diagnosis of carpal tunnel and ulnar neuropathies having been made. The medical records do not indicate a plan for surgery or how NCV study will modify current treatment plan. The ODG does not support NCV of the upper extremities based on the medical records provided for review.