

Case Number:	CM14-0013053		
Date Assigned:	02/24/2014	Date of Injury:	09/28/2012
Decision Date:	06/26/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	02/01/2014

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 Internal Medicine 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 32 year old male who reported an injury to his left upper extremity regarding symptoms associated with carpal tunnel syndrome. The clinical note dated 07/02/13 indicates the injured worker having previously undergone a left sided carpal tunnel release. The injured worker continued with upper extremity discomfort. The injured worker did report some improvements regarding his function. However, the injured worker reported difficulty with thumb extension. The injured worker also reported an increase in pain when he claps his hands or picks up his son. Upon exam, the injured worker was identified as having a well-healed surgical incision. The injured worker did demonstrate a more robust musculature in regards to the contralateral side. However, no true evidence of atrophy was identified. The injured worker was able to move the thumb in full extension. However, there is an issue with thumb extension with the wrist in neutral. No evidence of catching or flexor tenosynovial thickening was identified. The therapy note dated 07/11/13 indicates the injured worker having completed 6 physical therapy sessions to date. The clinical note dated 08/20/13 indicates the injured worker reporting the pain is at a manageable level. However, the injured worker did report constant pain with associated weakness in the left forearm. Pain was increased with gripping, twisting, and whenever pressure is applied directly to the palm. The clinical note dated 11/05/13 indicates the injured worker complaining of inconsistent numbness and tingling in the left hand. The injured worker also reported grip strength deficits on the left. The utilization review dated 12/23/13 resulted in a denial for an EMG of the left upper extremity as the injured worker had previously undergone electrodiagnostic studies which revealed no neuropathy. No new injury was made available in the submitted documentation. Therefore, the request resulted in a denial. The clinical note dated 12/16/13 indicates the injured worker demonstrating tenderness in the radial tunnel area. Discomfort was also identified at the distal lateral epicondyle as well as the extensor

tendon musculature. Discomfort was also identified with rotation, particularly with supination against resistance. There is an indication on the previous electrodiagnostic studies that the radial nerve at the forearm was not fully assessed. The clinical note dated 01/21/14 indicates the injured worker having possible symptoms associated with radial tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG TO THE LEFT UPPER EXTREMITY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, FOREARM/WRIST/HAND CHAPTER, 261

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

Decision rationale: The request for an EMG to the left upper extremity is certified. The documentation indicates the injured worker complaining of left sided forearm discomfort as well as symptoms associated with radial tunnel syndrome. The previous electrodiagnostic studies demonstrated no assessment of the radial nerve. Given the injured worker's current symptomology associated with the radial tunnel syndrome and taking into account the previous studies failing to demonstrate to offer an assessment at the radial nerve, this request is reasonable.