

Case Number:	CM14-0013563		
Date Assigned:	02/26/2014	Date of Injury:	03/29/2012
Decision Date:	06/26/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/03/2014

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 and Pain, 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:

Progress note from 2/13/14 indicates the insured was follow-up for median neuralgia following carpal tunnel release. The insured reported pain had increased and started at base of the thumb and radiated to the right elbow and shoulder. Examination reported the insured wore a glove on the right hand. Progress note of 1/16/14 reports pain at the right thenar eminence. It reports he had an EMG of the right arm 12/9/13 that concluded right moderate carpal tunnel syndrome, right sensory and motor median mononeuropathy and right ulnar sensory mononeuropathy. Progress note of 12/27/13 describes request for EMG/NCV of the left upper extremity to serve as reference for the right upper extremity testing that was performed 12/9/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2014 Electrodiagnostic studies (EDS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - carpal tunnel syndrome- electrodiagnostic studies

Decision rationale: The medical records provided for review do not indicate any objective neurologic signs or physical symptoms in regard to the left upper extremity. EMG/NCV of the right upper extremity yielded information for the diagnosis and treatment of the insured. ODG supports that the number of tests performed should be the minimum to establish the diagnosis. As the diagnosis is established for the insured, additional EMG study of the left upper extremity is not supported. The request is not medically necessary and appropriate.

MOTOR NCS OF THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG 2014 Electrodiagnostic studies (EDS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - carpal tunnel syndrome-electrodiagnostic studies.

Decision rationale: The medical records provided for review do not indicate any objective neurologic signs or physical symptoms in regard to the left upper extremity. EMG/NCV of the right upper extremity yielded information for the diagnosis and treatment of the insured. ODG supports that the number of tests performed should be the minimum to establish the diagnosis. As the diagnosis is established for the insured, additional motor NCS study of the left upper extremity is not supported. The request is not medically necessary and appropriate.

SENSORY NCS OF THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG 2014 Electrodiagnostic studies (EDS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - carpal tunnel syndrome-electrodiagnostic studies.

Decision rationale: The medical records provided for review do not indicate any objective neurologic signs or physical symptoms in regard to the left upper extremity. EMG/NCV of the right upper extremity yielded information for the diagnosis and treatment of the insured. ODG supports that the number of tests performed should be the minimum to establish the diagnosis. As the diagnosis is established for the insured, additional sensory NCS study of the left upper extremity is not supported.