Case Number:	CM14-0014220		
Date Assigned:	02/26/2014	**Date of Injury:**	03/08/2009
Decision Date:	06/26/2014	**UR Denial Date:**	01/22/2014
Priority:	Standard	**Application Received:**	02/04/2014

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 Emergency Medicine, and is licensed to practice in New York and Tennessee. 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 patient is a 44-year-old female who was injured on March 8, 2009. The patient continued to experience pain in her right hand/wrist, right knee/leg, and right shoulder/arm. Physical examination of the right arm was notable for full range of motion, normal motor strength, positive Tinel's sign, positive Phalens's sign, positive carpal tunnel compression test, positive FDS resistive maneuver, and tenderness to the left lateral elbow region. MRI of the right shoulder was reported as tendinosis of suprapinatus and infraspinatus tendons without full thickness rotator cuff tear. Electromyography and nerve conduction velocity were performed on March 26, 2013 and read as severe left ulnar neuropathy and severe right carpal tunnel syndrome. An examiner for Agreed Medical Evaluation discounted this report because the findings were inconsistent with the patient's complaints. Request for authorization for electromyography and nerve conduction velocity of the right upper arm was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY AND NERVE CONDUCTION VELOCITY STUDY OF THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM , CHAPTER 11, FOREARM, WRIST, HAND COMPLAINTS, TABLE 11-7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) CHAPTER 11, FOREARM,WRIST, AND HAND COMPLAINTS , 260-262

Decision rationale: Carpal tunnel syndrome does not produce hand or wrist pain. It most often causes digital numbing or tingling primarily in the thumb, index, and long finger or numbness in the wrist. Symptoms of pain, numbness, and tingling in the hands are common in the general population, but based on studies, only about one in five symptomatic subjects would be expected to have CTS based on clinical examination and electro physiologic testing. Clinical testing may include Tinel's sign, Semmes-Weinstein test, Durkan's test, Phalen's sign, and square wrist sign. Electrodiagnostic testing, including electromyography and nerve conduction velocity studies may help differentiate carpal tunnel syndrome from other conditions such as cervical radiculopathy. In this case the studies were ordered for evaluation of possible carpal tunnel syndrome. The patient complained of hand pain. There was no documentation of numbness/tingling in the thumb, index or ring fingers. These findings are inconsistent with the clinical symptoms for carpal tunnel syndrome. Repeating the electromyography and nerve conduction velocity studies are not indicated and would not change the management of this patient. The request is non-certified.