

Case Number:	CM14-0016592		
Date Assigned:	08/27/2014	Date of Injury:	03/28/2013
Decision Date:	10/07/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/10/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 51 year old male claimant who was reportedly injured on 03/28/2013. Mechanism of injury is listed as the injured worker applying pressure to a stuck door and noticed discomfort in the right shoulder area. The claimant has undergone two surgeries on his right shoulder the specifics of which are not elaborated. The last evaluation done on 01/21/2014 indicates that the injured worker complained of right shoulder pain, numbness and tingling to both his "fingers" and some pain radiation from the elbows to the ring and small fingers. On neurological exam there was intact sensation in the bilateral upper extremities in all dermatomes, 5/5 motor strength and 2+ reflexes. There was bilateral positive Phalen and Tinel's testing. A request was made for an electromyography of the right upper extremity. Nerve conduction study of the right upper extremity was not certified in the pre-authorization process on 01/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography) of the right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Carpal Tunnel Syndrome, EMG

Decision rationale: The medical documentation reveals the claimant to have normal neurologic findings with intact sensory motor and deep tendon reflexes. The claimant has positive Phalen's and Tinel's signs on both the injured right side as well as the uninjured left upper extremity. Both Phalen's and Tinel's are lacking in sensitivity and specificity with respect to Carpal Tunnel syndrome or median neuropathy, therefore the EMG of the right upper extremity is not medically necessary and remains not medically.

NCS (Nerve Conduction Study) of the right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Electrodiagnostic Testing

Decision rationale: The medical documentation reveals the claimant to have normal neurologic findings with intact sensory, motor and deep tendon reflexes. The claimant has positive Phalen's and Tinel's signs on both the injured right side as well as the uninjured left upper extremity. Both Phalen's and Tinel's are lacking in sensitivity and specificity with respect to Carpal Tunnel syndrome or median neuropathy, therefore the NCV of the right upper extremity is not medically necessary and remains not medically necessary.