

Case Number:	CM14-0111841		
Date Assigned:	09/16/2014	Date of Injury:	02/27/2013
Decision Date:	11/19/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/17/2014

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 Occupational Medicine and is licensed to practice in North Carolina and New York. 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:

This patient, a 46 year old man, claims injury 2/27/13, secondary to lifting, and is diagnosed with bilateral carpal tunnel syndrome. He is appealing the 7/9/14 denial of upper extremity NCS/EMG studies. He has had right carpal tunnel release 3/21/14. The reviewer claims there is insufficient information submitted to make a decision about medical necessity. In 7/30/14 his primary treating physician notes that he continues to have intermittent moderate pain in his wrists, with increase in the right. Tinel's is positive bilaterally and reverse Phalen's sign is positive on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV 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): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Carpal Tunnel Syndrome

Decision rationale: Per ACOEM section of MTUS, surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority

of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare. There is no evidence of whether electrodiagnostic studies were completed prior to right carpal tunnel release, and whether they were abnormal. ODG states that electrodiagnostic studies are recommended in patients with clinical signs of CTS who may be candidates for surgery. An EMG is generally not necessary. I am recommending denial because the treatment plan is not clearly outlined, describing why neurodiagnostic testing is needed, and what the end result would be from a positive finding. Additionally, the EMG portion is not usually needed, and there was not information supporting why it is being ordered at this time.