

Case Number:	CM14-0115417		
Date Assigned:	08/04/2014	Date of Injury:	08/18/2013
Decision Date:	09/11/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/23/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 is a 50-year-old gentleman who sustained an injury on 8/18/13. The medical records provided for review include a progress report dated 5/7/14 that noted bilateral elbow, hand, and upper extremity complaints with associated numbness and weakness. The records indicate that the claimant had electrodiagnostic studies performed two years prior that showed evidence of carpal tunnel syndrome for which he has continued to treat with conservative management. Formal physical examination findings showed positive Phalen's and Tinel's testing and carpal tunnel compression bilaterally. There was no formal documentation of the electrodiagnostic studies that were noted to show carpal tunnel syndrome. There is a current request for a left upper extremity electrodiagnostic study for further treatment in this case.

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 Acoem-
<https://www.acoempracguides.org/handandwrist>; Table 2, Summary Of Recommendations, Hand And Wrist Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: Based on California ACOEM Guidelines, the request for an electrodiagnostic test of the left upper extremity would be indicated. The treating provider indicates previous electrodiagnostic studies failed to demonstrate compressive pathology with claimant's current physical examination consistent for neuropathic process at the elbow or wrist. Given the claimant's continued clinical findings on examination and documentation of prior electrodiagnostic studies having been performed 2-3 years ago, the request for electrodiagnostic testing in this individual with acute clinical findings to the left upper extremity would be supported. The request for an electrodiagnostic test of the left upper extremity is not medically necessary.