

Case Number:	CM14-0132758		
Date Assigned:	08/22/2014	Date of Injury:	12/28/2012
Decision Date:	11/04/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/19/2014

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 California. 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:

24 year old female with an industrial injury dated 12/28/12. Exam note 07/07/14 states the patient returns with numbness and a shooting pain in the right 1st through 5th digits when partaking in basic living activities. The patient describes the pain as a sharp, burning, aching, and constant pain. She experiences frequent numbness in the right thumb palmar and near-constant numbness in the right fifth digit when extending to mid-forearm. The patient rates the pain a 4/10 with medication and a 8/10 without. The patient is status post right carpal tunnel release on 3/6/13. Upon physical exam the patient had tenderness to palpation along the acromioclavicular joint and biceps tendon. The patient completed a positive impingement test, cross arm, Hawkin's and Speed's signs test. Range of motion was noted as decreased. The right elbow had evidence of tenderness and there was pain in the medial and lateral elbow with the Cozen's test. Tinel's test was positive with numbness into the 1st-3rd digits. The patient revealed persistent carpal tunnel syndrome signs. EMG of the right upper extremity on 6/20/13 demonstrated mild compression of the median nerve and ulnar nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG Forearm, Wrists and Hand

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 section, Electrodiagnostic studies

Decision rationale: CA MTUS/ACOEM is silent on the issue of EMG/NCV testing. According to the ODG, Carpal tunnel section, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS)." In this case there is no evidence of neurologic deficits or carpal tunnel syndrome in the cited records from 7/7/14 to warrant NCS or EMG. Therefore the request is not medically necessary.

Electromyography (EMG) of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG Forearm, Wrists and Hand

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 section, Electrodiagnostic studies.

Decision rationale: CA MTUS/ACOEM is silent on the issue of EMG/NCV testing. According to the ODG, Carpal tunnel section, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS)." In this case there is no evidence of neurologic deficits or carpal tunnel syndrome in the cited records from 7/7/14 to warrant NCS or EMG. Therefore the request is not medically necessary.

Nerve conduction velocity (NCV) of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG Forearm, Wrists and Hand

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 section, Electrodiagnostic studies

Decision rationale: CA MTUS/ACOEM is silent on the issue of EMG/NCV testing. According to the ODG, Carpal tunnel section, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS)." In this case there is no evidence of neurologic deficits or carpal tunnel syndrome in the cited records from 7/7/14 to warrant NCS or EMG. Therefore the request is not medically necessary.

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