

Case Number:	CM14-0139256		
Date Assigned:	09/05/2014	Date of Injury:	05/01/2014
Decision Date:	11/05/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	08/28/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases, 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:

The injured worker is a 54 year old female with a reported date of injury on 05/01/2014. The mechanism of injury was repetitive stress. The diagnoses included repetitive strain injury and neck muscle strain. The previous treatment included pain medication and physical therapy. The x-ray of the cervical spine performed on 06/19/2014 reported to reveal no definite acute cervical spine fracture or subluxation. The surgical history included carpal tunnel release in right and left. The subjective complaints on 08/14/2014 included pain in the left shoulder with bilateral numbness in hands and wrists. The physical examination noted Phalen's carpal compression abnormal bilaterally, Finkelstine's test negative bilaterally, and strength is rated 5/5 to bilateral upper and lower extremities. There were no medications provided for review. The treatment plan was to order an emg/ncs exam. The rationale was to rule out carpal tunnel syndrome. The request for authorization form was dated 08/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Carpal Tunnel Syndrome, Nerve conduction studies (NCS) & Electromyography (EMG).

Decision rationale: The request for EMG/NCV is not medically necessary. The California MTUS/ACOEM guidelines state in cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. More specifically, the Official Disability Guidelines state nerve conduction studies (NCS) may be recommended in patients with clinical signs of CTS who may be candidates for surgery. However, EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS). The injured worker was noted to have bilateral numbness in hands and wrists. Her physical examination revealed a positive Phalen's carpal compression test bilaterally. However, there was no evidence of documentation of the duration of symptoms or failure of appropriate conservative care. In the absence of duration of symptoms and indication that the patient failed conservative treatment, the request is not supported. Additionally, as EMG is not supported unless diagnosis is difficult with nerve conduction studies, this test is specifically not supported by the guidelines. As such, the request is not medically necessary.