

Case Number:	CM14-0162672		
Date Assigned:	10/09/2014	Date of Injury:	10/10/2013
Decision Date:	11/10/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/03/2014

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 Neurology; has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

There is a treatment note from 10/10/13 recommending no repetitive motion and that the insured is temporarily or totally disabled. Pain management note 05/05/14 indicates the insured was reporting right hand pain. Pain onset at night waking the insured from sleep. The insured is reported to do data entry. Previous electrodiagnostic studies were reported from December 2013 and had moderate to severe right and left carpal tunnel syndrome. There is more numbness and tingling in the forearm and hands and pain is exacerbated by activities such as grabbing. Examination describes no tremor with normal reflexes. There is abductor pollicis brevis weakness on the right rated 4/5. The hands intrinsic muscles are 4/5 on the right and the left side is 5/5. There is negative Tinel's sign. There is decreased sensation to light touch and pinprick in the lateral aspect of the forearm in the first, second, third and fourth digits. Treating physician requested a repeat EMG. There is an EMG study from 06/16/14 which is indicated to show bilateral carpal tunnel syndrome of the right and left side with mild severity with no evidence of a myopathy, peripheral neuropathy or cervical radiculopathy. There was left ulnar neuropathy of the elbow. Note of July 1, 2014, indicated numbness and tingling in the hands. There is a reported history of diabetes for 30 years. Physical exam had shown Phalen's sign negative and reverse Phalen's sign was negative. There was triggering of the third finger of the long hand and pinky finger left hand as well as index.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Study of the Bilateral Hands: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Carpal Tunnel Syndrome Table 11-2b ; Evidence Citation for EMG/NC. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Syndrome Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Recommended (needle, not surface) as an option in selected cases. The American Association of Electrodiagnostic Medicine conducted a review on electrodiagnosis in relation to cervical radiculopathy and concluded that the test was moderately sensitive (50%-71%) and highly specific (65%-85%). (AAEM, 1999)

Decision rationale: The medical records indicate a progression of neurologic findings from the EMG reported in December of 2013. There was new numbness to light touch and pinprick in the lateral aspect of the forearm in the first, second, third and fourth digits. This finding was in addition to findings of carpal tunnel syndrome. Such findings could be peripheral nerve or root in origin. The insured also has diabetes. ODG guidelines support Indications when particularly helpful: EMG may be helpful for patients with double crush phenomenon, in particular, when there is evidence of possible metabolic pathology such as neuropathy secondary to diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. As such ODG supports an EMG to evaluate the insured given a progression of neurologic findings in the setting of diabetes.