

Case Number:	CM14-0167230		
Date Assigned:	10/14/2014	Date of Injury:	02/17/2010
Decision Date:	11/17/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/10/2014

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 Physical Medicine and Rehabilitation 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:

According to the records made available for review, this is a 45-year-old male with a 2/17/10 date of injury, and right carpal tunnel release in 2011. At the time (8/11/14) of request for authorization for EMG left upper extremity, NCS left upper extremity, NCS right upper extremity, and EMG right upper extremity, there is documentation of subjective (bilateral wrist pain associated with night pain with numbness, tingling, and pins and needles sensation) and objective (positive bilateral Finkelstein's test, decrease range of motion, weak grip strength and positive Phalen's test) findings, electrodiagnostic findings (EMG/NCS of upper extremities (3/25/14) report revealed normal EMG/NCS of upper extremities), current diagnoses (bilateral carpal tunnel syndrome and bilateral De Quervain's syndrome), and treatment to date (medications). Regarding EMG and NCS of upper extremities, there is no documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG 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 Official Disability Guidelines, Online Edition Chapter: carpal tunnel syndrome (acute & chronic) Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177,33. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Velocity Studies (http://www.aetna.com/cpb/medical/data/500_599/0502.html)

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Medical Treatment Guideline necessitates documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Within the medical information available for review, there is documentation of diagnoses of bilateral carpal tunnel syndrome and bilateral De Quervain's syndrome. In addition, there is documentation of a previous electrodiagnostic study. However, there is no documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Therefore, based on guidelines and a review of the evidence, the request for EMG left upper extremity is not medically necessary.

NCS 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 Official Disability Guidelines, Online Edition Chapter: carpal tunnel syndrome (acute and chronic) Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177,33. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Velocity Studies (http://www.aetna.com/cpb/medical/data/500_599/0502.html)

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Medical Treatment Guideline necessitates documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Within the medical information available for review, there is documentation of diagnoses of bilateral carpal tunnel syndrome and bilateral De Quervain's syndrome. In addition, there is documentation of a previous electrodiagnostic study. However, there is no documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Therefore, based on guidelines and a review of the evidence, the request for NCS left upper extremity is not medically necessary.

NCS 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 Official Disability

Guidelines, Online Edition Chapter: carpal tunnel syndrome (acute and chronic) Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177,33. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Velocity Studies (http://www.aetna.com/cpb/medical/data/500_599/0502.html)

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Medical Treatment Guideline necessitates documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Within the medical information available for review, there is documentation of diagnoses of bilateral carpal tunnel syndrome and bilateral De Quervain's syndrome. In addition, there is documentation of a previous electrodiagnostic study. However, there is no documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Therefore, based on guidelines and a review of the evidence, the request for NCS right upper extremity is not medically necessary.

EMG 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 Official Disability Guidelines, Online Edition Chapter: carpal tunnel syndrome (acute and chronic) Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177, 33. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Velocity Studies (http://www.aetna.com/cpb/medical/data/500_599/0502.html)

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Medical Treatment Guideline necessitates documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Within the medical information available for review, there is documentation of diagnoses of bilateral carpal tunnel syndrome and bilateral De Quervain's syndrome. In addition, there is documentation of a previous electrodiagnostic study. However, there is no documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Therefore, based on guidelines and a review of the evidence, the request for EMG right upper extremity is not medically necessary.