

Case Number:	CM14-0174981		
Date Assigned:	10/28/2014	Date of Injury:	07/09/2014
Decision Date:	12/05/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/22/2014

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 Occupational Medicine 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 patient is a 58 year-old female with date of injury 07/09/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/27/2014, lists subjective complaints as pain in the bilateral hands. PR-2 supplied for review was handwritten and illegible. Objective findings: Examination of the right hand revealed tenderness to palpation of the dorsal aspect of the hand. There is decreased range of motion of the right thumb. Phalen's test was positive on the right and Tinel's sign was negative bilaterally. Diagnosis: 1. Lateral epicondylitis 2. Carpal tunnel syndrome 3. Contusion of wrist.

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 Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Electromyography and Forearm, Wrist and Hand, Electromyography

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 Syndrome (Acute & Chronic), Electromyography (EMG)

Decision rationale: The Official Disability Guidelines recommend EMG only in cases where diagnosis is difficult with nerve conduction studies (NCS). Seldom is it required that both studies be accomplished in straightforward condition of median and ulnar neuropathies or peroneal nerve compression neuropathies. The medical record lacks documentation of signs or symptoms of a compression neuropathy. EMG of the left upper extremity is not medically necessary.

NCV 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 Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Electromyography and Forearm, Wrist and Hand, Electromyography

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 Syndrome (Acute & Chronic), Nerve conduction studies (NCS)

Decision rationale: The Official Disability Guidelines recommend nerve conduction studies in patients with clinical signs of CTS who may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS). Carpal tunnel syndrome must be proved by positive findings on clinical examination and should be supported by nerve conduction tests before surgery is undertaken. The physical exam documented is lacking any positive findings indicative of carpal tunnel syndrome. NCV of the left upper extremity is not medically necessary.

NCV of the right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Electromyography and Forearm, Wrist and Hand, Electromyography

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 Syndrome (Acute & Chronic), Nerve conduction studies (NCS)

Decision rationale: The Official Disability Guidelines recommend nerve conduction studies in patients with clinical signs of CTS who may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS). Carpal tunnel syndrome must be proved by positive findings on clinical examination and should be supported by nerve conduction tests before surgery is undertaken. The medical record lacks documentation which supports the diagnosis of carpal tunnel syndrome. In addition, the patient does not appear to be a candidate for surgery at this time. NCV of the right upper extremity is not medically necessary.

EMG of the right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Electromyography and Forearm, Wrist and Hand, Electromyography

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 Syndrome (Acute & Chronic), Electromyography (EMG)

Decision rationale: The Official Disability Guidelines recommend EMG only in cases where diagnosis is difficult with nerve conduction studies (NCS). Seldom is it required that both studies be accomplished in straightforward condition of median and ulnar neuropathies or peroneal nerve compression neuropathies. The medical record does not support EMG studies at this time. EMG of the right upper extremity is not medically necessary.