

Case Number:	CM14-0024336		
Date Assigned:	06/11/2014	Date of Injury:	09/10/2008
Decision Date:	07/15/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/26/2014

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 & Emergency 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:

This patient is a 42 year-old with a date of injury of 09/10/08. A progress report associated with the request for services, dated 01/29/14, identified subjective complaints of left wrist pain. Objective findings included decreased grip strength on the left side. Tinel's sign was questionable. Diagnoses included questionable carpal tunnel syndrome versus radial tunnel syndrome. Treatment has included the release of the first left dorsal compartment in April of 2013. A Utilization Review determination was rendered on 02/18/14 recommending non-certification of "electromyography (EMG) left upper extremity and nerve conduction velocity (NCV) left upper extremity".

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The MTUS notes that carpal tunnel syndrome (CTS) most often produces digital numbing but not hand or wrist pain. The study of choice is a nerve conduction study

(NCS), with electromyography (EMG) only in more difficult cases. A nerve conduction study has not been performed. Therefore, in this case, there is no documentation for the medical necessity of an EMG.

NERVE CONDUCTION VELOCITY (NCV) LEFT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The MTUS notes that carpal tunnel syndrome (CTS) most often produces digital numbing, but not hand or wrist pain. They note that a nerve conduction study (NCS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. They also note that the studies may be normal in early or mild cases of CTS. Tests may be repeated later in the course of treatment if symptoms persist. Electromyograms (EMG) are only recommended in more difficult cases. The non-certification was based upon the lack of a comprehensive exam for CTS. However, the patient has described intermittent numbness of the dorsum of the hand. Likewise, Tinel's sign was documented as equivocal. Therefore, there is documented medical necessity for a nerve conduction study as requested.