

Case Number:	CM14-0026597		
Date Assigned:	06/13/2014	Date of Injury:	12/10/2013
Decision Date:	07/16/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/03/2014

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 Occupational Medicine and is licensed to practice in Alabama. 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:

Ortho Consult dated 02/12/2014 stated the patient complained of pain in both hands with radiation. She stated her pain is aggravated while performing activities of daily living. On exam, the right hand/wrist showed good resting procedure of the right hand with no swelling. Strength was 5/5. She had decreased sensation to the median nerve distribution. She had positive Phalen's sign; positive carpal tunnel compression test. The left hand/wrist revealed volar wrist region tenderness. The decreased sensation to the median nerve distribution with positive Tinel sign, positive Phalen's sign, and a positive carpal tunnel compression test. Diagnoses are PN carpal tunnel syndrome, tendinitis of the bilateral wrists and elbow/forearm sprain, bilaterally. The treatment and plan included EMG/NCV of bilateral upper extremities. A prior utilization review dated 02/25/2014 denied request for EMG of bilateral upper extremities due to evidence of carpal tunnel syndrome and has failed conservative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG 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 (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Electromyography (EMG).

Decision rationale: The CA MTUS/ACOEM forearm, wrist, and hands chapter do not discuss specifically regarding the EMG study for carpal tunnel syndrome. According to the neck and upper back chapter, guidelines recommend "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The ODG recommends the use of EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS). Needle EMG is not necessary in the diagnosis of carpal tunnel syndrome. The medical records document that the patient has not undergone appropriate conservative treatment measures prior to a request for the EMG testing. Further, the documents show that the patient does have physical examination consistent with carpal tunnel syndrome. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

EMG 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 (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Electromyography (EMG).

Decision rationale: The CA MTUS/ACOEM forearm, wrist, and hands chapter do not discuss specifically regarding the EMG study for carpal tunnel syndrome. According to the neck and upper back chapter, guidelines recommend "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The ODG recommends the use of EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS). Needle EMG is not necessary in the diagnosis of carpal tunnel syndrome. The medical records document that the patient has not undergone appropriate conservative treatment measures prior to a request for the EMG testing. Further, the documents show that the patient does have physical examination consistent with carpal tunnel syndrome. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.