

Case Number:	CM14-0026671		
Date Assigned:	06/13/2014	Date of Injury:	08/21/2013
Decision Date:	07/21/2014	UR Denial Date:	02/04/2014
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 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:

On 01/16/2014 the injured worker reported increased numbness and tingling in all the fingers of her left hand, as well as increased aching in her wrist and elbow. She also had numbness and tingling in her right hand with dysesthesias radiating into her right inner elbow and pain in her right outer elbow. Upon physical examination the treating physician indicated mild swelling involving the volar surface on the right wrist as well as tenderness over the right carpal tunnel with mild tenderness over the left carpal tunnel. Sensation to light touch is decreased in the right thumb and index finger and in the left index finger. Tinel, Phalen, and Durkin signs are all positive right and Phalen's and Durkin signs are positive left. Tinel sign is positive bilaterally. Treating physician gave impression of right carpal and cubital tunnel syndromes and had a plan of care that included electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF THE LEFT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Ch 10 & Ch 11.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back, Electromyography.

Decision rationale: The medical records indicate presence of sensory changes in the median and ulnar nerve distribution with associated positive provocative signs of Tinel's and Durkins, as well as reported tenderness of wrist over carpal tunnel. EMG is supported under ODG guidelines to guide prognosis and further treatment of condition. The request is medically necessary and appropriate.

ELECTROMYOGRAPHY (EMG) OF THE RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Ch 10 & Ch 11.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back, Electromyography.

Decision rationale: The medical records indicate presence of sensory changes in the median and ulnar nerve distribution with associated positive provocative signs of Tinel's and Durkins, as well as reported swelling and tenderness of wrist over carpal tunnel. EMG is supported under ODG guidelines to guide prognosis and further treatment of condition. The request is medically necessary and appropriate.