

Case Number:	CM14-0030676		
Date Assigned:	06/20/2014	Date of Injury:	06/08/2010
Decision Date:	07/21/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/10/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 59 year old female whose date of injury is 06/08/10. The mechanism of injury is not documented. The records indicate that the injured worker has a remote history of C5-6 fusion in 1997. The injured worker is status post bilateral carpal tunnel release with right side done 06/04/12 and the left on 08/03/12. The injured worker was seen on 02/10/14 complaining of pain on the volar aspect of the right wrist. Current medications were listed as acyclovir; Advair; doxepin; Levothyroid; oxycodone; Spiriva; Vicodin. Examination of the bilateral upper extremities showed no obvious atrophy of the thenar or hypothenar motor groups; surgical incisions are well-healed although she has some discomfort to palpation. She has subjective complaints of paresthesias and tingling going into the fingers bilaterally. Diagnostic imaging study (EMG/NCV) done on 01/14/13 was negative for radiculopathy and negative for residual carpal tunnel syndrome.

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: 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): 272.

Decision rationale: CA MTUS recommended nerve conduction velocity studies for patients with median or ulnar impingement at the wrist after failure of conservative treatment. The routine use of diagnostic evaluation of nerve entrapment or screening of patients without symptoms is not recommended. The injured worker is status post bilateral carpal tunnel release in 2012. Repeat electrodiagnostic testing was performed on 01/14/13 and was negative for cervical radiculopathy and residual carpal tunnel syndrome. The most recent progress notes dated 02/10/14 report subjective complaints; there are no objective findings on examination of carpal tunnel syndrome. The injured worker has no thenar or hypothenar atrophy. No provocative testing was done such as compression test, Tinel's or Phalen's. No diminished 2-point discrimination was reported. There is no evidence of progressive or significant changes since testing was last done on 01/14/13. The diagnosis has been made, and there is no medical necessity for repeat EMG of the left upper extremity either for diagnostic purposes or for impairment rating purposes. Moreover, EMG is not recommended for evaluation of carpal tunnel syndrome except in difficult cases.

Electromyography (EMG) of the right 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): 272.

Decision rationale: CA MTUS recommend nerve conduction velocity studies for patients with median or ulnar impingement at the wrist after failure of conservative treatment. The routine use of diagnostic evaluation of nerve entrapment or screening of patients without symptoms is not recommended. The injured worker in this case is status post bilateral carpal tunnel release in 2012. Repeat electrodiagnostic testing was performed on 01/14/13 and was negative for cervical radiculopathy and residual carpal tunnel syndrome. The most recent progress notes dated 02/10/14 report that she has subjective complaints; however, there are no objective findings on examination of carpal tunnel syndrome. The injured worker has no thenar or hypothenar atrophy. No provocative testing was done such as compression test, Tinel's or Phalen's. No diminished 2-point discrimination was reported. There is no evidence of progressive or significant changes since testing was last done on 01/14/13. The diagnosis has been made, and there is no medical necessity for repeat EMG of the right upper extremity either for diagnostic purposes or for impairment rating purposes. Moreover, EMG is not recommended for evaluation of carpal tunnel syndrome except in difficult cases.