

Case Number:	CM14-0032789		
Date Assigned:	06/20/2014	Date of Injury:	01/07/2013
Decision Date:	07/18/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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:

The patient is a 51 year old female who was injured on 1/7/2013. The diagnoses are tendinitis of the wrists, left medial epicondyle pain, bilateral carpal tunnel syndrome and ulnar tunnel syndrome. A past electromyography (EMG) and nerve conduction studies (NCS) done on 8/5/2013 was consistent with carpal tunnel syndrome. The patient terminated treatment with [REDACTED] in November 2013. On 2/13/2014, [REDACTED] noted that the patient had completed physical therapy and had started home exercise program. The patient reported significant improvement following the physical therapy. The pain at the elbow was noted to be related to the use of computer keyboard. The subjective complaints were numbness of the right hand and left elbow pain. The objective findings were positive Tinel's sign and tenderness of the left medial epicondyle. A Utilization Review determination was rendered on 2/24/2014 recommending non certification for Needle EMG of the Right Upper Extremity for Carpal and Ulnar tunnel evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Needle Electromyography (EMG) of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, Wrist, & Hand Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 Table 8-8,Chronic Pain Treatment Guidelines 9792.23.5.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) addressed the use of needle electromyography (EMG) and nerve conduction studies (NCS) in the diagnoses and management of cervical radiculopathy and focal neurological dysfunction of the upper extremities. The guideline recommends that EMG and NCS be used to clarify radiculopathy when the clinical findings are inconclusive. The records indicate that the patient had bilateral EMG/NCS of the upper extremities on 8/5/2013 that was diagnostic of carpal tunnel syndrome. The reported clinical signs are also indicative of ulnar tunnel syndrome and tendinitis. The patient is currently undergoing job modification to minimize exacerbation of the elbow pain by the use of computer keyboard. The criteria for needle EMG of Right Upper Extremity for carpal tunnel syndrome and ulnar tunnel syndrome diagnoses have not been met.