

Case Number:	CM14-0046416		
Date Assigned:	07/02/2014	Date of Injury:	02/15/2012
Decision Date:	08/27/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/14/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 53-year-old female who reported injury on 02/15/2012. The diagnosis included right carpal tunnel syndrome. The documentation indicated the injured worker had a right carpal tunnel release on 12/02/2013. Prior therapies included physical therapy. The injured worker underwent a right shoulder arthroscopy with joint debridement, acromioplasty and arthroscopic rotator cuff repair on 10/31/2012. The mechanism of injury was a slip and fall. The documentation of 10/16/2013 revealed the injured worker had undergone an EMG/NCV. The injured worker's study was on 09/26/2013 which was noted to be a study of the right upper extremity. The documentation of 03/26/2014 revealed the injured worker was complaining of pain and numbness in her fingers. The injured worker was noted to have been approved for physical therapy and had finished postoperatively. The documentation indicated the injured worker had swelling in the right wrist and hand and a positive Tinel's and Phalen's on the right. Grip strength was decreased on the right. The diagnoses chronic right shoulder pain status post-surgery, cubital tunnel syndrome, bilateral carpal tunnel syndrome right greater than left, status post right carpal tunnel release, 12/02/2013, and chronic wrist pain, possible recurrent right carpal tunnel. The treatment plan included authorization for upper extremity electrodiagnostic studies as the injured worker may have a recurrent right carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG LT 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, CTS SUBSECTION UNDER EMG/NCV.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The ACOEM Guidelines indicate that electromyography and nerve conduction velocities included H-reflex tests may help identify subtle focal neurologic dysfunction in injured workers with neck or arm symptoms or both lasting more than 3 or 4 weeks. The request per the documentation was for electrodiagnostic studies for the right upper extremity. The findings were noted to be on the right. The clinical documentation submitted for review failed to provide objective findings upon examination of the left upper extremity to support the necessity for an EMG. Given the above, and the lack of documentation of exceptional factors, the request for an EMG left upper extremity is not medically necessary.