

Case Number:	CM14-0069101		
Date Assigned:	07/14/2014	Date of Injury:	07/20/2012
Decision Date:	09/17/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/14/2014

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 Nevada. 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 records presented for review indicate that this 53 year old female was reportedly injured on July 20, 2012. The mechanism of injury is stated to be cumulative trauma. The most recent progress note, dated June 25, 2014, indicates that there are ongoing complaints of pain in the right wrist and thumb as well as numbness and tingling in the fingers of the right hand. Current medications include Ultram, Norco, and Voltaren gel. The physical examination demonstrated tenderness over the cubital tunnel and a positive Tinel's test. Diagnostic nerve conduction studies from April 2014 revealed mild right sided cubital tunnel syndrome and persistent/recurrent mild right carpal tunnel syndrome. Previous treatment includes a right-sided carpal tunnel release. A request was made for a repeat electromyography (EMG) test of the right upper extremity and was not certified in the preauthorization process on April 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat EMG Right Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electromyography (EMG), Electrodiagnostic Studies (EDS), Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: According to the attached medical record the injured employee has had a prior right sided carpal tunnel release with persistent symptoms of the right median nerve distribution post-surgery. There are also findings of a positive Tinel's test at the cubital tunnel. Considering these physical examination findings, a repeat electromyography (EMG) test of the right upper extremity is medically necessary.