

Case Number:	CM14-0069803		
Date Assigned:	07/14/2014	Date of Injury:	01/18/2006
Decision Date:	08/14/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/15/2014

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 California. 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:

According to the records made available for review, this is a 55-year-old female with a 1/18/06 date of injury. At the time of the request for authorization for electromyography (EMG) of the right upper extremity, there is documentation of subjective (right wrist pain with some numbness and tingling, she also reports weakness in the right hand) and objective (some thenar atrophy is noted, Phalen's sign is positive) findings. Her current diagnosis is rule out right carpal tunnel syndrome. The treatment to date includes medication and splinting. There is no documentation that the patient is a candidate for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the Right Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Electrodiagnostic studies (EDS).

Decision rationale: ACOEM Guidelines identifies that electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome and other conditions, such as cervical

radiculopathy. In addition, the guidelines identify the documentation of failure of conservative treatment, as criteria necessary to support the medical necessity of nerve conduction velocity (NCV) for median or ulnar impingement at the wrist. ODG identifies documentation of clinical signs (positive findings on clinical examination) of carpal tunnel syndrome and patients who are candidates for surgery, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of rule out right carpal tunnel syndrome. In addition, there is documentation of clinical signs of carpal tunnel syndrome. However, there is no documentation that the patient is a candidate for surgery. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.