

Case Number:	CM14-0078006		
Date Assigned:	07/18/2014	Date of Injury:	04/23/2012
Decision Date:	09/08/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/28/2014

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 54-year-old female was reportedly injured on April 23, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 6, 2014, indicates that there is a follow-up after a right carpal tunnel release surgery. There are no complaints of numbness or paresthesias. The physical examination demonstrated intact sensation and full muscle strength. There was slight tenderness at the incision site. Continued scar massage and wound desensitization was recommended. Diagnostic studies were not reviewed during this visit. Previous treatment includes a right-sided carpal tunnel release and a carpal tunnel injection. A request had been made for EMG and NCS studies of the bilateral upper extremities and was not certified in the pre-authorization process on April 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of Bilateral Upper Extremities: 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.

Decision rationale: According to the most recent progress note dated March 6, 2014, the injured employee no longer has any complaints of numbness or tingling in the right upper extremity after recent carpal tunnel surgery. Considering this, the request for bilateral EMG testing of the upper extremities is not medically necessary.

Nerve Conduction Studies (NCS) of Bilateral Upper Extremities: 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.

Decision rationale: According to the most recent progress note dated March 6, 2014, the injured employee no longer has any complaints of numbness or tingling in the right upper extremity after recent carpal tunnel surgery. Considering this, the request for bilateral NCS testing of the upper extremities is not medically necessary.