

Case Number:	CM14-0098108		
Date Assigned:	07/28/2014	Date of Injury:	10/29/2008
Decision Date:	09/23/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/26/2014

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 Management 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 57-year-old male with a 10/29/08 date of injury. At the time (5/7/14) of request for authorization for Electromyogram (EMG) Right Upper Extremity, there is documentation of subjective (right hand pain associated with numbness and tingling) and objective (positive right Phalen's, bilateral Tinel's, and bilateral carpal tunnel compression tests) findings, current diagnoses (right carpal tunnel syndrome), and treatment to date (medications and physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) Right Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment for Workers' Compensation (TWC) Neck & Upper Back Procedure Summary last updated 05/14/2013.

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: MTUS reference to ACOEM Guidelines identifies that electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. In addition, MTUS reference to ACOEM Guidelines identifies documentation of failure of conservative treatment, as criteria necessary to support the medical necessity of 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 a diagnosis of right carpal tunnel syndrome. In addition, there is documentation of failure of conservative treatment. Furthermore, given subjective (right hand pain associated with numbness and tingling) and objective (positive right Phalen's, bilateral Tinel's, and bilateral carpal tunnel compression tests) findings, there is documentation of clinical signs (positive findings on clinical examination) of carpal tunnel syndrome. Therefore, based on guidelines and a review of the evidence, the request for Electromyogram (EMG) Right Upper Extremity is medically necessary.