

Case Number:	CM14-0194885		
Date Assigned:	12/02/2014	Date of Injury:	07/24/2013
Decision Date:	01/20/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/20/2014

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 & Rehabilitation and is licensed to practice in New York. 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 36-year-old male who reported an injury on 07/24/2013. The injury reportedly occurred due to frequent computer keyboard use. He was diagnosed with carpal tunnel syndrome. His past treatments were noted to include occupational therapy, physical therapy, and medications. His diagnostic studies were noted to include an unofficial NCS/EMG, performed on 08/02/2013, which was noted to reveal right and left median neuropathy across the wrist, which was consistent with right and left moderate carpal tunnel syndrome. On 12/02/2013, the injured worker reported pain in both wrists with numbness and tingling in "finger 3-5." Upon physical examination of his wrists, he was noted to have a positive Tinel's sign and Phalen's test bilaterally. Additionally, he was noted to have sensory and motor exam intact and full range of motion in all digits of both wrists, and elbows. On 10/22/2014, the injured worker reported continued numbness and tingling in both hands, greatest in little and ring fingers. On physical examination, he was noted to have Tinel's positive at median nerve of both wrists and ulnar nerve of both elbows. Additionally, he was noted to have sensory and motor exam intact and full range of motion in all digits of hands, wrists, and elbows. His current medications were noted to include Voltaren, Protonix, and Ultram. The frequency and doses were not provided. The treatment plan was noted to include medications, appeal for denial of electrodiagnostic testing, and a re-evaluation in 4 weeks. A request was received for EMG of the left upper extremity; quantity 2 and EMG of the right upper extremity; quantity 2, and the treating physician indicated with new onset of symptoms since his last electrodiagnostic tests, which was over a year ago, reveals new findings, a repeat electrodiagnostic testing should be performed prior to any surgical intervention. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the left upper extremity; quantity 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for EMG of the left upper extremity; quantity 2 is not medically necessary. The California MTUS/ACOEM Guidelines state that for most patients presenting with true hand and wrist problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. More specifically, the guidelines state electromyography and nerve conduction velocities, including H reflex test, may help identify subtle focal neurological dysfunctions in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. The clinical documentation submitted for review does not provide evidence of significant neurological deficits to show medical necessity for the requested service. Additionally, the injured worker was noted to have a previous electromyography and nerve conduction velocities and there were no significant changes in the injured workers physical presentation, thus, the request is not supported by the guidelines. As such, the request for EMG of the left upper extremity; quantity 2 is not medically necessary.

EMG of the right upper extremity; quantity 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for EMG of the right upper extremity; quantity 2 is not medically necessary. The California MTUS/ACOEM Guidelines state that for most patients presenting with true hand and wrist problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. More specifically, the guidelines state electromyography and nerve conduction velocities, including H reflex test, may help identify subtle focal neurological dysfunctions in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. The clinical documentation submitted for review does not provide evidence of significant neurological deficits to show medical necessity for the requested service. Additionally, the injured worker was noted to have a previous electromyography and nerve conduction velocities and there were no significant changes in the injured workers physical presentation, thus, the request is not supported by the guidelines. As such, the request for EMG of the right upper extremity; quantity 2 is not medically necessary.

