

Case Number:	CM14-0203773		
Date Assigned:	12/16/2014	Date of Injury:	09/07/2013
Decision Date:	02/03/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/05/2014

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 Family Practice, 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:

43 yr. old male claimant sustained a work injury on 9/7/13 involving both wrists. He was diagnosed with bilateral carpal tunnel syndrome. He had undergone a left carpal tunnel release on January 21, 2014. He had used topical creams for pain relief. A progress note on 10/27/14 indicated the claimant had 6/10 pain at rest and 8/10 with activities. Exam findings were notable for tenderness in the left palm. Tinel's signs was positive on the right hand and Phalen's on the left. The physician requested an EMG /NCV for both hands.

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: 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the ACOEM guidelines, an EMG is not recommended for evaluation of nerve entrapment in screening in those without symptoms. An NCV is

recommended for those with impingement of the median or ulnar nerves. The request for EMG is not medically necessary.