

Case Number:	CM14-0207124		
Date Assigned:	12/19/2014	Date of Injury:	10/10/2009
Decision Date:	02/13/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/10/2014

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:

This is a 56 years old female patient who sustained an injury on 10/10/2009. She sustained the injury due to being assaulted by the father of a baby. The current diagnoses include left carpal tunnel syndrome, right hemiplegia secondary to stroke and right knee pain. The doctor's note dated 11/4/14 was not fully legible. Per the doctor's note dated 11/4/2014, she had complaints of pain, numbness and paresthesias in the left hand. The physical examination revealed decreased sensation on the left, positive Tinel's, positive Phalen's and positive compression. The medications list was not specified in the records provided. She has had EMG/NCS upper and lower extremities dated 8/6/13 which revealed bilateral carpal tunnel syndrome, mild on the right and severe on the left, with prolonged right median sensory nerve latency recording over the ring finger, absent responses in the left median sensory nerve and prolonged left median motor nerve latency across the wrist, the poor activation in some muscles in the right hand may be related to the history of a central lesion (brainstem stroke), no evidence of ulnar neuropathy, radial neuropathy or cervical radiculopathy; possible right S1 radiculopathy; cervical MRI dated 6/10/13 which revealed multilevel disc desiccation; lumbar MRI dated 6/10/13 which revealed multilevel diffuse disc bulges and degenerative changes; right shoulder MRI dated 7/2/13 which revealed partial thickness tear of supraspinatus, infraspinatus and subscapularis, AC joint osteoarthritis; left shoulder MRI dated 7/2/13 which revealed moderate supraspinatus and infraspinatus tendinosis. She has undergone tonsillectomy, repair of retinal detachment on 5/9/2008 and 8/4/2009 and cesarean section in 1990. She has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of left hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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): 261, 268.

Decision rationale: Per the ACOEM guidelines cited below "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." Patient has already had EMG/NCS upper and lower extremities dated 8/6/13 which revealed bilateral carpal tunnel syndrome, mild on the right and severe on the left, with prolonged right median sensory nerve latency recording over the ring finger, absent responses in the left median sensory nerve and prolonged left median motor nerve latency across the wrist, the poor activation in some muscles in the right hand may be related to the history of central lesion (brainstem stroke), no evidence of ulnar neuropathy, radial neuropathy or cervical radiculopathy; possible right S1 radiculopathy; cervical MRI dated 6/10/13 which revealed multilevel disc desiccation. Significant changes in patient's clinical condition since these diagnostic studies that would require repeat EMG/NCS of left hand is not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. The request for EMG/NCS of left hand is not medically necessary.