MAXIMUS Federal Services

Case Number:	CM15-0004011		
Date Assigned:	01/14/2015	Date of Injury:	07/16/2012
Decision Date:	03/17/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 58 year old female, who sustained an industrial injury on 7/16/2012. The diagnoses have included rotator cuff rupture, shoulder joint pain, and bilateral wrist pain. Treatment to date has included multiple surgical interventions completed to right shoulder, bilateral wrist splints, physical therapy/occupational therapy, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and narcotic. Currently, the IW complains of pain associated with burning, numbness and tingling to all fingers bilaterally. January 13, 2015, physical examination documented tenderness over bilateral carpal tunnel area, positive median nerve compression, positive phalen's test, and positive tinel's test bilateral wrists. Electromyogram studies were completed 12/2/2014 and were significant for entrapment neuropathy of median nerves bilaterally confirming carpal tunnel syndrome. Plan of care included discussion of possible carpal tunnel surgery. On 12/8/2014, Utilization Review modified certification for bilateral nerve conduction study, noting the documentation did not support the medical necessity for electromyogram. The MTUS Guidelines were cited. On 1/7/2015, the injured worker submitted an application for IMR for review of electromyogram and nerve conduction studies (EGM/NCS) for bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The request is considered medically necessary. The patient had signs and symptoms indicative of carpal tunnel syndrome. He had positive Phalens and Tinel's of bilateral wrists. According to MTUS guidelines, an indication for EMG would be to diagnose CTS if surgery was going to be a treatment modality. In this case, the patient was being evaluated for possible surgery to repair his CTS. Therefore, it is reasonable to have an EMG to verify diagnosis of CTS.

EMG right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7.

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

Decision rationale: The request is considered medically necessary. The patient had signs and symptoms indicative of carpal tunnel syndrome. He had positive Phalens and Tinel's of bilateral wrists. According to MTUS guidelines, an indication for EMG would be to diagnose CTS if surgery was going to be a treatment modality. In this case, the patient was being evaluated for possible surgery to repair his CTS. Therefore, it is reasonable to have an EMG to verify diagnosis of CTS.