

Case Number:	CM15-0200019		
Date Assigned:	10/15/2015	Date of Injury:	10/26/2010
Decision Date:	11/25/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/12/2015

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: Arizona, California
 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 60 year old female, who sustained an industrial injury on 10-26-2010. The injured worker is being treated for bilateral carpal tunnel syndrome status post carpal tunnel release. Treatment to date has included surgery (left, 2014 and right, 2011 carpal tunnel release), medications, diagnostics, physical therapy, injections and splinting. Per the Primary Treating Physician's Progress Report dated 5-07-2015, the injured worker reported palmar pain, numbness, tingling, and stiffness, sensitive to cold and slight weakness when gripping. Symptoms are equal in both hands. The IW rated her left hand pain as 4 out of 10 in severity, up to 9 out of 10 with use, and right hand pain is rated as 2 out of 10 in severity up to 6 out of 10 with use. Objective findings of the upper extremities included muscle testing within normal limits. There was decreased sensation generalized over the palm of the right hand. Tinel's was positive at the left wrist. There was tenderness at the palmar aspect bilaterally. Work status was temporarily totally disabled. The plan of care included refill of medications, splinting and repeat EMG (electromyography) and NCV (nerve conduction studies) to evaluate recovery of the nerves and rule out continued damage, Authorization was requested on 5-07-2015 for repeat EMG - NCV of the bilateral upper extremities. On 10-09-2015, Utilization Review non-certified the request for EMG-NCV of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/ NCV of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation pre-operatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. An EMG/NCV is recommended for ulnar impingement after failure of conservative treatment. It is not recommended for routine evaluation of nerve entrapment without symptoms. In this case, the claimant already had bilateral carpal tunnel surgery. The claimant had a prior EMG/NCV. The request for another EMG/NCV was to evaluate for recovery of nerves from further damage. In this case, there is still a Tinel's and Phalen's test and the physician mentioned the claimant has improved symptoms from carpal tunnel. There is no issue of discrepancy or deterioration. As a result, the request for another EMG/NCV is not medically necessary.