

Case Number:	CM15-0048946		
Date Assigned:	03/20/2015	Date of Injury:	05/09/2012
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 51-year-old female, who sustained an industrial injury on May 9, 2012. She reported injury of the left hand. The injured worker was diagnosed as having carpal tunnel syndrome, arthropathy of the left wrist. Treatment to date has included medications, and physical therapy. On February 10, 2015, she complained of left hand pain with radiation into the left arm, and associated numbness, and weakness. The records indicate her pain has been relieved by rest and surgery. The treatment plan includes Naproxen 550mg, Ultram 50mg, Gabapentin 600mg, modified duty, and follow up in 4 weeks. The request is for muscle test of one limb, electromyogram and nerve conduction studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: EMG/NCV left upper extremity is not medically necessary per the MTUS and the ODG Guidelines. The MTUS Guidelines state that appropriate electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. The documentation indicates that a prior NCS/EMG revealed carpal tunnel syndrome and no evidence of radiculopathy. The most recent progress note dated 2/10/15 indicates that the patient states that her symptoms are lessening since the injury. There are no new findings and cervical provocative maneuvers are negative. The request for an EMG/NCV of the left upper extremity is not medically necessary.