

Case Number:	CM15-0054775		
Date Assigned:	03/30/2015	Date of Injury:	02/13/2014
Decision Date:	05/07/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/23/2015

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

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 55 year old male, who sustained an industrial injury on February 13, 2014. The injured worker reported left hand pain. The injured worker was diagnosed as having trigger finger left thumb and left hand pain rule out carpal tunnel syndrome. Treatment and diagnostic studies to date have included steroid injection. A progress note dated March 5, 2015 provides the injured worker complains of left hand pain. Physical exam notes no overt triggering, negative Tinel's and tenderness. The plan is for over the counter medication and electromyogram and nerve conduction study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG)/Nerve conduction velocity (NCV) of the upper left extremity:
 Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Online, Cervical chapter: Electromyography (EMG) ODG (Online, Cervical chapter: Nerve conduction studies (NCS).

Decision rationale: The patient presents with pain affecting the left upper extremity. The current request is for Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the upper left extremity. The treating physician states, "Recommended, request for authorization for, EMG/NCV of the left upper extremity to evaluate for carpal tunnel syndrome". The ODG guidelines support EMG/NCV testing if the physician requires differentiation of carpal tunnel syndrome vs. cervical radiculopathy or double crush syndrome, or neck or arm symptoms or both lasting longer than 3-4 weeks. In this case, the treating physician has documented that they require a differentiation of carpal tunnel syndrome vs. cervical radiculopathy and that patient's pain has lasted longer than 4 weeks. The current request is medically necessary and the recommendation is for authorization.