Case Number:	CM14-0119059		
Date Assigned:	08/08/2014	**Date of Injury:**	09/20/2013
Decision Date:	10/08/2014	**UR Denial Date:**	07/03/2014
Priority:	Standard	**Application Received:**	07/29/2014

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 Physical Medicine & Rehabilitation 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:

The injured worker is a 65-year-old male who reported an injury on 09/20/2013; while working as a mechanic, he received a laceration to his fingernail on his index finger and repetitive injuries of the left hand on 01/30/2014. The injured worker had a history of issues involving both hands. The injured worker had a diagnosis of bilateral hand stiffness and pain. The prior surgeries included a left trigger finger release to the ring finger. The objective findings dated 06/09/2014 to the bilateral hands revealed a well healed scar to the left ring finger, somewhat mild pain around the scar, mild pain and stiffness to the index and long finger neurologically intact. Past treatments included x-rays of the bilateral hands that revealed negative for any gross osseous abnormalities. The treatment plan included physical therapy, and electromyogram/nerve conduction studies to the upper extremities. The Request for Authorization dated 08/08/2014 was submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography studies (EMG) of the bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

Decision rationale: The California MTUS/ACOEM indicates that EMG/NCS and NCV should be used for 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. 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 clinical notes indicated that the injured worker had had a laceration. The injured worker did not have a diagnosis of carpal tunnel syndrome. As such, the request for Electromyography studies (EMG) of the bilateral upper extremities is not medically necessary.

Nerve conduction studies (NCV) of the bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

Decision rationale: The California MTUS/ACOEM indicates that the use for 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. 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 clinical notes indicated that the injured worker had had a laceration. As such, the request for Nerve conduction studies (NCV) of the bilateral upper extremities is not medically necessary.