

Case Number:	CM14-0129730		
Date Assigned:	08/20/2014	Date of Injury:	12/18/2013
Decision Date:	10/29/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/14/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 28-year-old female with a date of injury on 12/18/2013. Subjective complaints are of ongoing numbness and tingling in the left hand. Physical exam shows full wrist range of motion and positive Tinel's and Phalen's test. Treatment has included wrist braces, physical therapy, and medications. Medications have included ibuprofen, relafen, and Vicodin. Patient had a right upper extremity EMG/NCV on 4/7/14 which demonstrated moderate to severe right carpal tunnel syndrome and underwent right carpal tunnel release on 6/23/14.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 179, 182, 213, 261, 269.

Decision rationale: ACOEM guidelines suggest EMG/NCV as a means of detecting physiologic insult in the upper back and neck. EMG/NCS can also be used to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection, but is not recommended for diagnosis if history, physical, and previous studies are consistent with nerve

root involvement. For shoulder complaints ACOEM does not recommend EMG/NCV for evaluation for usual diagnoses. For hand/wrist complaints EMG/NCV is recommended as appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. For this patient, subjective and objective evidence shows possible cervical root symptoms versus carpal tunnel syndrome. Electrodiagnostic studies could be helpful in identifying the source of pathology. Therefore, the request for upper extremity electrodiagnostic studies is medically necessary.