

Case Number:	CM14-0139896		
Date Assigned:	09/08/2014	Date of Injury:	01/11/2013
Decision Date:	09/30/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/28/2014

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 Practice 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:

This 49-year-old female claimant sustained a work injury on 1/11/13 involving the upper extremities. She was diagnosed with carpal tunnel syndrome and underwent bilateral carpal tunnel release in 2013. A progress note on 7/25/14 indicated the claimant had persistent right hand pain rated 7/10. She had used oral analgesics for pain control and had used splints. Exam findings were notable for Tinel's test and Phalen's, greater on right vs. left, and tenderness in the surgical areas. There was also weakness in the right wrist. The treating physician requested a right wrist x-ray, as well as electromyography (EMG) and nerve conduction velocity (NCV) studies of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the ACOEM guidelines, an EMG is not recommended for routine evaluation of nerve entrapment or screening in patients without symptoms. There was no

documentation of cervical or shoulder pathology indicating nerve root impingement. In addition, an EMG is not necessary to correlate findings consistent with carpal tunnel. Therefore an EMG of the left upper extremity is not medically necessary.

Electromyography (EMG) of the Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the ACOEM guidelines, an EMG is not recommended for routine evaluation of nerve entrapment or screening in patients without symptoms. There was no documentation of cervical or shoulder pathology indicating nerve root impingement. In addition, an EMG is not necessary to correlate findings consistent with carpal tunnel. Therefore an EMG of the right upper extremity is not medically necessary.

Nerve Conduction Velocity (NCV) of the Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the ACOEM guidelines, NCV is not recommended for routine evaluation of nerve entrapment or screening in patients without symptoms. It is recommended for median or ulnar nerve impingement after failed conservative treatment. The physical findings were consistent with carpal tunnel syndrome, and NCV would not change the treatment management. In addition, there was no documentation of cervical or shoulder pathology indicating nerve root impingement. An NCV is not necessary to correlate findings consistent with carpal tunnel syndrome. Therefore an NCV of the left upper extremity is not medically necessary.

Nerve Conduction Velocity (NCV) of the Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the ACOEM guidelines, NCV is not recommended for routine evaluation of nerve entrapment or screening in patients without symptoms. It is recommended for median or ulnar nerve impingement after failed conservative treatment. The physical

findings were consistent with carpal tunnel syndrome, and NCV would not change the treatment management. In addition, there was no documentation of cervical or shoulder pathology indicating nerve root impingement. An NCV is not necessary to correlate findings consistent with carpal tunnel syndrome. Therefore an NCV of the right upper extremity is not medically necessary.