

Case Number:	CM14-0147717		
Date Assigned:	09/15/2014	Date of Injury:	01/26/2007
Decision Date:	11/21/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/11/2014

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 Occupational Medicine and is licensed to practice in Colorado. 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 59 year old male with a date of injury of 1/26/2007. He has had a previous electromyogram/nerve conduction velocity of the wrist on 3/20/10 which was negative. A 7/30/14 evaluation notes complaints of numbness, tingling, and burning sensation in whole left hand with bent elbow. He is currently in physical therapy. On exam there is limitation of motion of left elbow, tenderness, and positive Tinel's sign. His diagnosis is carpal tunnel syndrome. The request is for nerve conduction velocity and electromyogram of left upper extremity. September 10/2014 note states no change in symptoms and examination is unchanged as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Velocity (NCV) Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (Acute & Chronic) Electromyography (EMG)

Decision rationale: The injured worker is 7 years post injury, there is no new interim mechanism of injury, he has had a previous negative electromyogram, and there have been no

interim neurological changes that would warrant retesting. In addition, the reported symptoms are not consistent with a cervical or peripheral nerve pattern in that there is reported numbness of the whole hand while holding a phone. While there is a reported positive sign, there is no indication that the diagnosis is difficult or that the worker is a surgical candidate. There is no indication as well that medical treatment has failed. The medical treatment guidelines do not recommend routine electromyogram or nerve conduction velocity screening and testing is generally reserved where the diagnosis is difficult. Testing is supported with ongoing symptoms, clinical neurological findings after conservative treatment has failed. A nerve conduction study is recommended for surgical candidates. Per the medical treatment guidelines, the request for Nerve Conduction Velocity (NCV) Left Upper Extremity is not medically necessary.

Electromyography (EMG) Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The medical treatment guidelines do not recommend routine electromyogram and testing is generally reserved where the diagnosis is difficult. Testing is supported with ongoing symptoms, clinical neurological findings after conservative treatment has failed. Per the medical treatment guidelines, the electromyography is not medically necessary.