

Case Number:	CM14-0161543		
Date Assigned:	10/07/2014	Date of Injury:	08/02/2013
Decision Date:	11/07/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/01/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 29-year-old female who reported an injury on 08/02/2013. The mechanism of injury was not submitted for clinical review. The diagnoses included status post carpal tunnel syndrome release, a right carpal tunnel release with ulnar compression. The previous treatments included medications, surgery, and physical therapy. Within the clinical note dated 08/25/2014 it was reported that the injured worker complained of right wrist swelling. Upon physical examination the provider noted the injured worker had a positive Phalen and Tinel's sign. The range of motion of the right hand was noted to be flexion at 30 degrees, and extension at 60 degrees. The physician requested a bilateral electromyography/NCV of the upper extremities. However, a rationale was not submitted for clinical review. The Request for Authorization is submitted and dated 08/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, online version, Carpal Tunnel Syndrome

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 (ODG), Carpal Tunnel, Nerve Conduction studies

Decision rationale: The request for EMG/NCS bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines recommend an electromyography in cases of peripheral nerve impingement. If no improvement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. In addition, the Official Disability Guidelines note nerve conduction studies are recommended with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Carpal tunnel syndrome must be proved by positive exam findings on clinical examination and must be supported by nerve conduction tests before surgery is undertaken. There is lack of significant neurological deficits such as decreased sensation or motor strength of the bilateral wrists. The clinical documentation submitted was largely illegible. Additionally, there is lack of significant deficits of the left upper extremity warranting the medical necessity for an EMG/NCV. The clinical documentation submitted indicated the injured worker had undergone a right carpal tunnel release, which would not warrant the medical necessity for an EMG/NCV. Therefore, the request is not medically necessary.