

Case Number:	CM14-0167930		
Date Assigned:	10/15/2014	Date of Injury:	04/04/2014
Decision Date:	11/18/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/13/2014

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:

According to the records made available for review, this is a 62-year-old female with a 4/4/14 date of injury. At the time (8/26/14) of request for authorization for EMG/NCV for bilateral upper extremity, there is documentation of subjective (pain in bilateral wrists/hands associated with weakness) and objective (tenderness along the 1st carpometacarpal joint of both thumbs, positive bilateral Phalen's, diminished light touch in the ring and small fingers of both hands, and positive bilateral Durkan's median compression test) findings, current diagnoses (bilateral 1st carpometacarpal joint degenerative disease, rule out bilateral carpal tunnel syndrome, and rule out bilateral ulnar nerve entrapment neuropathy), and treatment to date (medications, physical therapy, and acupuncture).

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV for bilateral upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260, 263.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Electrodiagnostic studies (EDS)

Decision rationale: MTUS reference to ACOEM Guidelines identifies that electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. In addition, MTUS reference to ACOEM Guidelines identifies documentation of failure of conservative treatment, as criteria necessary to support the medical necessity of NCV for median or ulnar impingement at the wrist. ODG identifies documentation of clinical signs (positive findings on clinical examination) of carpal tunnel syndrome and patients who are candidates for surgery, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of bilateral 1st carpometacarpal joint degenerative disease, rule out bilateral carpal tunnel syndrome, and rule out bilateral ulnar nerve entrapment neuropathy. In addition, there is documentation of failure of conservative treatment. Furthermore, given subjective (pain in bilateral wrists/hands associated with weakness) and objective (positive bilateral Phalen's, diminished light touch in the ring and small fingers of both hands, and positive bilateral Durkan's median compression test) findings, there is documentation of clinical signs (positive findings on clinical examination) of carpal tunnel syndrome. Therefore, based on guidelines and a review of the evidence, the request for EMG/NCV for bilateral upper extremity is medically necessary.