

Case Number:	CM14-0180881		
Date Assigned:	11/05/2014	Date of Injury:	05/23/2006
Decision Date:	12/15/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	10/30/2014

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 Orthopedic Surgery 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:

65 year old male claimant with an industrial injury dated 05/23/03. The patient is status post a right total knee replacement. Conservative treatments have included acupuncture and physical therapy. Exam note 10/07/14 states the patient returns with bilateral shoulder pain and bilateral carpal tunnel syndrome. The patient explains that he experiences difficulty sleeping on the shoulder, and there is numbness radiating down to the wrists. Upon physical exam there was evidence of mild tenderness surrounding the acromioclavicular joints, and the subacromial area. The patient had negative biceps tenderness. The patient demonstrated pain with forward elevation, internal rotation, and reaching behind his back. Diagnosis is noted as right shoulder impingement with possible internal derangement and possible rotator cuff tear; along with carpal tunnel syndrome. Treatment includes additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography)/NCS (nerve conduction study) (B) UE ([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 (ODG) regarding: EMG/NCS: (http://www.odgtwc.com/odgtwc/Carpal_Tunnel.htm)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel, Electrodiagnostic Studies

Decision rationale: CA MTUS/ACOEM is silent on the issue of EMG/NCV testing. According to the ODG, Carpal tunnel section, "Recommended in patients with clinical signs of CTS (carpal tunnel syndrome) who may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS)." In this case there is no evidence of neurologic deficits from 10/7/14 to warrant NCS or EMG. Therefore, this request is not medically necessary.