

Case Number:	CM14-0099110		
Date Assigned:	07/28/2014	Date of Injury:	08/18/2010
Decision Date:	09/19/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/27/2014

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 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 patient is a 49 year old male employee with date of injury of 8/18/2010. A review of the medical records indicates that the patient is undergoing treatment for bilateral carpal tunnel syndrome. Subjective complaints (6/20/2014) include bilateral pain in upper extremities and low back. Objective findings include positive Phalen's, positive Tinel's; negative CMC grind in left thumb, positive CMC grind in right thumb (6/20/2014). Treatment has included cortisone injection which was only temporarily helpful, wrist brace (5/9/2014), trigger point injection (April 2014) A medical report from 6/2/2014 listed the following medications: Omeprazole 20mg 2/day, Flexeril 7.5mg, Neurontin 600mg 2/day, Celexa (dosage unspecified). A nerve conduction study to upper extremity was noted as occurring in 2010 but results are not mentioned. The utilization review dated 6/23/2014 non-certified the request for EMG of the bilateral upper extremities due to lack of sufficient information to warrant treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral upper extremities: 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): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Carpal Tunnel Syndrome, Electrodiagnostic testing (EMG/NCS).

Decision rationale: ACOEM States "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." The diagnosis of Carpel Tunnel Syndrome is well established in this patient and the EMG would not be indicated to reconfirm this diagnosis. ODG further states regarding carpal tunnel syndrome testing (EMG/NCV), "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary. See also Nerve conduction studies (NCS) and Electromyography (EMG). In general, carpal tunnel syndrome should be proved by positive findings on clinical examination and should be supported by nerve conduction tests before surgery is undertaken." The medical records indicate that an EMG/NCV was conducted in 2010, but the treating physician does not indicate the reason for needing an updated testing. Additionally, the medical records do not indicate that the requested test is to be used in conjunction with surgery. As such, the request for EMG of the bilateral upper extremities is not medically necessary.

NCS of the bilateral upper extremities: 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): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Carpal Tunnel Syndrome, Electrodiagnostic testing (EMG/NCS).

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