

Case Number:	CM14-0192575		
Date Assigned:	11/26/2014	Date of Injury:	10/14/2014
Decision Date:	01/14/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/18/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury with date of injury of 10/14/14. She was seen by the requesting provider on 10/18/14. She had a one-month history of elbow pain with numbness and tingling in her hands, wrists, and forearm. Physical examination findings included medial epicondyle tenderness with positive Tinel's and Phalen's testing. She was diagnosed with medial epicondylitis and carpal tunnel syndrome. A wrist splint was provided. Naprosyn was prescribed. On 10/22/14 she had ongoing symptoms. Physical examination findings included medial and lateral epicondyle tenderness with positive Tinel's and Phalen's testing. Authorization for EMG/NCS testing was requested. Conservative care was continued.

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 10 Elbow Disorders (Revised 2007).

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 Syndrome (Acute & Chronic), Electrodiagnostic studies (EDS)

Decision rationale: The claimant is being treated for pain, numbness, and tingling in her forearms and hands and was seen by the requesting provider approximately 4 weeks after the onset of symptoms. Naprosyn and a wrist splint were prescribed. When requested, the claimant was seen less than four days afterwards. An electrodiagnostic study is recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Surgery is not generally initially indicated for mild carpal tunnel syndrome unless symptoms persist after conservative treatment. In this case, when requested, the claimant had been treated conservatively for less than one week. Therefore the requested electrodiagnostic study was not medically necessary.