MAXIMUS Federal Services

Case Number:	CM15-0015971		
Date Assigned:	02/04/2015	Date of Injury:	12/01/2009
Decision Date:	03/27/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old male who sustained an industrial injury on 12/01/2009. The current diagnosis includes bilateral carpal tunnel syndrome. Treatments to date include medication management and injections. Report dated 12/29/2014 noted that the injured worker presented with complaints that included constant numbness and tingling in bilateral wrists. Physical examination was positive for abnormal findings. The utilization review performed on 01/13/2015 non-certified a prescription for EMG bilateral upper extremities based on the submitted diagnosis of carpal tunnel syndrome, an EMG is more appropriate for a diagnosis of radiculopathy. The reviewer referenced the ACOEM guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Bilateral Upper Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with bilateral wrist pain rated 6/10 with associated numbness and tingling in the bilateral hands, left greater than right. The patient's date of injury is 12/01/09. Patient has had undated cortisone injections directed at this complaint, though it is unclear if this treatment was applied bilaterally or unilaterally. The request is for EMG BILATERAL UPPER EXTREMITIES. The RFA was not provided. Physical examination dated 12/29/14 revealed tenderness over the wrist flexion/extension crease bilaterally, positive carpal compression test bilaterally, positive Phalen's test bilaterally.The patients current medication regimen was not provided. Diagnostic imaging was not provided. Patient is currently working regular duties.ACOEM Practice Guidelines, 2nd Edition 2004, Chapter 11, page 260-262 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. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist.In regards to the request for an EMG study to be performed on the upper extremities, the request appears reasonable. Progress note dated 12/29/14 documents that this patient has intermittent tingling in the hands, for which NCV/EMG studies are utilized to differentiate between carpal tunnel syndrome and cervical radiculopathy. Records indicate that the patient has not had an EMG performed to date. Therefore, this request IS medically necessary.