

Case Number:	CM15-0111718		
Date Assigned:	06/18/2015	Date of Injury:	05/02/2014
Decision Date:	07/17/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/09/2015

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: Preventive Medicine, Occupational Medicine

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 27 year old male with an industrial injury dated 05/02/2014. The injured worker's diagnoses include carpal tunnel syndrome. Treatment consisted of X-ray of the right/left hand, Electromyography (EMG)/Nerve conduction velocity (NCV) dated 6/13/2014, prescribed medications, 6 sessions of physical therapy and periodic follow up visits. In a progress note dated 05/08/2015, the injured worker presented with complaints of chronic progressive pain in his bilateral hands and wrist. The injured worker rated pain a 6/10 with medications and an 8/10 without medications. Objective findings of bilateral wrist revealed positive Phalen's sign, positive Tinel's sign and tenderness to palpitation over radial side and ulnar side. The treating physician prescribed services for repeat Electromyography (EMG)/Nerve conduction velocity (NCV) of the bilateral upper extremities now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 11th edition (web) Capital Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the injured worker had a previous EMG/NCV of the bilateral upper extremities on 1/13/15 that revealed a normal EMG with no findings of cervical radiculopathy. The test did reveal bilateral carpal tunnel syndrome. There is no documentation that supports a repeat EMG/NCV, therefore, the request for EMG/NCV of the bilateral upper extremities is determined to not be medically necessary.