MAXIMUS Federal Services

Case Number:	CM15-0043208		
Date Assigned:	03/13/2015	Date of Injury:	12/06/2013
Decision Date:	04/22/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/06/2015

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: New York, Tennessee
Certification(s)/Specialty: Emergency 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 52 year old male who sustained a work related injury December 6, 2013. Past history included right carpal tunnel syndrome and s/p right shoulder arthroscopy, lysis of adhesions, labral resection, synovectomy and manipulation under anesthesia, January 7, 2015. According to a physician's progress note dated January 21, 2015, the injured worker presented for follow-up evaluation with complaints of further worsening of numbness and tingling in the right hand, median nerve distribution. He stated the previous surgery did not improve his symptoms. He also complains of further worsening of numbness and tingling in the left hand median distribution. Physical examination revealed right carpal tunnel incision is well healed without evidence of intrinsic atrophy, a completely intact flexor, extensor, and intrinsic function. Treatment plan included repeat nerve conduction test of the bilateral upper extremities, continued use of protective brace and anti-inflammatory medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV 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 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, 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 patient continued to complain of increased numbness and tingling in his hand after carpal tunnel surgery. There was no documentation of change in physical examination. Postoperative nerve conduction testing shows significant improvement in nerve function. There is no indication for repeated EMG/NCV studies of the upper extremities. Medical necessity has not been established. The request should not be authorized. Therefore the requested treatment is not medically necessary.