

Case Number:	CM15-0072052		
Date Assigned:	04/22/2015	Date of Injury:	01/01/2009
Decision Date:	06/02/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/15/2015

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: Iowa

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 45 year old female who sustained an industrial injury on January 1, 2009. Previous treatment includes bilateral carpal tunnel releases. Currently the injured worker complains of continued numbness, burning, aching and pain in the right hand and left hand. Diagnoses associated with the request include degenerative disc disease of the lumbar spine, sciatica, and bilateral carpal tunnel syndrome. The treatment plan includes EMG/NCV studies for the right upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV for the Right Upper Extremities, as an Outpatient: 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, Electrodiagnostic testing (EMG/NCS).

Decision rationale: According to MTUS guidelines, ACOEM states that electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome (CTS) and other conditions such as cervical radiculopathy. These may include nerve conduction studies (NCS), or electromyography (EMG) in more difficult cases. ODG states needle EMG or NCS is recommended depending on indications, but surface EMG is not recommended. Both studies are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia). ODG further states that NCS is not recommended, but needle EMG is recommended as an option to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The medical documentation indicates evidence of CTS, including a diagnosis of CTS and physical findings, and has undergone bilateral release surgery in 2013. The latest EMG performed is a post-surgical from November 2014. It is unclear what the necessity for another EMG is at this time, and the patient appears to have fairly consistent symptoms with no significant recent changes. The treating physician states a need to "verify any denervation or residual conduction delay", but does not mention the prior study or if it is sufficient to meet this need. Additional justification is needed before another EMG would be indicated. Therefore, the request for EMG/NCV for the Right Upper Extremities, is not medically necessary at this time.