

Case Number:	CM15-0077828		
Date Assigned:	04/29/2015	Date of Injury:	10/01/2001
Decision Date:	06/01/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/23/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 53 year old female, who sustained an industrial injury on 10/01/2001. On provider visit dated 03/02/2015 the injured worker has reported continuous sharp pain in volar wrist and palm that worsens with activity. She was noted to have hand numbness and tingling. Pain was noted to radiate to the arm, elbow, shoulder, and neck and downward along the spine to the lower back. On examination of the bilateral hand and wrist revealed positive Phalen's test bilaterally, right middle finger and left thumb were noted as triggering. Katz hand diagram score revealed classic patterns of bilateral carpal tunnel syndrome. And Durkan's median compression test was positive bilaterally. And there was diminished light touch in the median nerve bilaterally. The diagnoses have included status post right carpal tunnel release, rule out bilateral carpal tunnel syndrome, right middle trigger finger and left trigger thumb. Treatment to date has included x-rays, medication, therapy, right carpal tunnel release in 01/2012 and injections. The provider requested electromyogram/nerve conduction studies of bilateral upper extremities to assess the degree of nerve entrapment and/or cervical radiculopathy or underlying pathology. The provider also noted that the nerve studies are essential for diagnostic accuracy.

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 Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262.

Decision rationale: The request is for EMG/NCV of both upper extremities in a patient with a previous diagnosis of carpal tunnel syndrome (CTS). The patient has undergone a previous carpal tunnel release on the right. There is no clinical evidence of cervical radiculopathy. Significantly, this patient underwent EMG/NCV of the upper extremities in November 2014, just 6 months prior to this request. This study did not show evidence of CTS. The medical records submitted do not show sufficient evidence for the necessity of a repeat test. Thus this request is deemed not medically necessary.