

Case Number:	CM13-0012954		
Date Assigned:	09/30/2013	Date of Injury:	09/30/2009
Decision Date:	03/31/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 66-year-old female who reported an injury on 09/30/2009 due to cumulative trauma while performing normal job duties. The patient ultimately underwent left thumb arthroplasty in 2012 and bilateral carpal tunnel release in 2009 and 2010. The patient underwent an MRI in 06/2013 that documented postoperative changes and degenerative changes to the 1st carpometacarpal joint with no evidence of a TFCC (Triangular Fibrocartilage Complex), tendinous, or ligamentous abnormalities. The patient was evaluated in 06/2013. Evaluation of the left wrist revealed a positive Tinel's, positive Phalen's, and positive carpal compression test with 4/5 grip strength and tenderness to palpation at the base of the thumb with a positive Finkelstein's test. Evaluation of the right wrist revealed a positive carpometacarpal grind test, a positive Tinel's test, a positive Phalen's test, a positive carpal compression test, and 4/5 grip strength. The patient's diagnoses included status post bilateral carpal tunnel release, status post left thumb carpometacarpal interpositional arthroplasty, persistent bilateral wrist and hand arthralgia, and bilateral de Quervain's. The patient's treatment plan included electrodiagnostic studies of the bilateral upper extremities to evaluate persistent pain and symptoms, wrist braces, and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG-TWC, Online Edition, Forearm, Wrist and Hand,EMG &NCS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 11, and 271-273.

Decision rationale: The requested electromyography/nerve conduction velocity of the bilateral upper extremities between 07/25/2013 and 09/08/2013 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends nerve conduction velocity studies for patients with evidence of median or ulnar nerve impingement at the wrist after failure of conservative treatments. The clinical documentation submitted for review does provide evidence that the patient has persistent pain complaints related to impingement that have failed to respond to all measures including surgical intervention. Therefore, a nerve conduction study would be appropriate for this patient. However, the American College of Occupational and Environmental Medicine recommend electromyography studies when there is evidence of radiculopathy that would require further clarification. The clinical documentation submitted for review does not provide any evidence that the patient has any radiculopathy. There is no evaluation of the cervical spine or orthopedic test that would support suspicion of radiculopathy. Therefore, the need for an electromyography study is not clearly established. Therefore, the request as it is written for both electrodiagnostic studies is not supported by guideline recommendations. As such, the requested for Electromyography/Nerve Conduction Velocity of the bilateral upper extremities is not medically necessary and appropriate.