

Case Number:	CM13-0025604		
Date Assigned:	11/20/2013	Date of Injury:	01/18/2011
Decision Date:	05/12/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/18/2013

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. The expert reviewer is Board Certified in Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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/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 60-year-old female who was injured at work on 01-18-2011 due to cumulative trauma. She was diagnosed with radial styloid tenosynovitis, medial epicondylitis and De Quervain's tenosynovitis. An examination 05-22-13 revealed a positive Phalen's sign on the right, as well as decreased light touch and pinprick sensation in all five fingers. At a 07-17-13 visit, she complained of right wrist pain, with the exam showing pain on wrist flexion as well as elicited pain on making a fist, and there was decreased sensation over the fingers. Objective and subjective findings were confined to the right upper extremity and to relate to her previous surgery. There was a nurse's summary that the patient had been authorized to undergo an EMG/NCS on 07-05-13, but it was not clear whether or not this test had been done. She underwent a De Quervain's release at the right wrist on 12-13-2012. Other treatments included a cortisone injection and occupational therapy. She participated in occupational therapy from 03-22-13 to 04-19-13. A request was made for an EMG/NCS of the bilateral upper extremities, although there was no mention of damage to the left upper extremity. A determination was made on 09/04/13 to deny services: "Electromyography and nerve conduction velocity of bilateral upper extremities".

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY AND NERVE CONDUCTION VELOCITY OF 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 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) portion of the Medical Treatment Utilization Schedule (MTUS) notes that carpal tunnel syndrome (CTS) most often produces digital numbness but not hand or wrist pain. The MTUS Chronic Pain Guidelines are silent related to neurodiagnostic testing for carpal tunnel syndrome (CTS) and other entrapment syndromes of the distal extremity. The patient has described intermittent numbness of the digits of the right hand. The record does document symptoms and physical findings compatible with entrapment on the right side. However, the record does not document the medical necessity for neurodiagnostic testing of the left side. Therefore, there is no documented medical necessity for a bilateral nerve conduction study and electromyogram as requested. There was no comprehensive neurological exam that would suggest the presence of both nerve root impingement and peripheral nerve entrapment/neuropathy to warrant both Electromyography / Nerve Conduction Studies.