

Case Number:	CM13-0040726		
Date Assigned:	04/25/2014	Date of Injury:	07/11/2011
Decision Date:	06/13/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 32 year old female who was injured on 07/11/2011 while she was lifting a patient when she felt pain in both wrists. Prior treatment history has included medications, multiple injections to her bilateral wrists which provided temporary pain relief and physical therapy. The patient underwent bilateral wrist surgery in 2012 and left wrist arthroscopic surgery in April 2013. PR2 dated 08/28/2013 indicates the patient presents for bilateral wrist pain and bilateral hand pain. The pain averages 7-10 depending on activities. The patient reports that the pain is worse and no pain meds authorized per patient on this visits. Her quality of sleep is fair. She denies any new injury since the last visit. Her activity level has decreased. She is unable to drive for an extended period of time due to pain and she is unable to tolerate work activities due to pain. She is taking Flurbiprofen 25%, Diclofenac 10% cream and ibuprofen 800 mg. Objective findings on exam reveal on inspection of the right wrist a well-healed surgical incision on dorsal surface of the wrist. The range of motion is restricted with palmar flexion limited to 60 degrees, dorsiflexion limited to 50 degrees; Phalen's sign is negative. Tinel's sign is negative. There is tenderness to palpation noted over the radial side, ulnar and generalized over the wrist. The left wrist reveals 5 arthroscopic port scars-healed left dorsal wrist, and a well-healed surgical incision dorsal surface. The range of motion is restricted with palmar flexion limited to 60 degrees, dorsiflexion limited to 50 degrees, ulnar deviation limited to 20 degrees and radial deviation limited to 10 degrees; Phalen's sign is negative; Tinel's sign is negative. There is tenderness to palpation noted over the radial side, ulnar side and generalized over the wrist. The hand reveals no swelling or redness. The patient can make a fist. There is no allodynia noted and temperature is decreased over the hand. Motor testing is limited by pain; motor strength is 5/5. On sensory examination, light touch sensation is decreased over medial hand, lateral hand on both sides and patchy in distribution. Sensation to pinprick is decreased over the medial hand, lateral hand on

both the sides and surgical scars are absent. The deep tendon reflexes are 2/4 in all muscle planes of the upper extremity. The patient is diagnosed with bilateral wrist pain and bilateral hand pain. The treatment and plan includes a request for EMG/NCS of bilateral upper extremities. Prior UR dated 09/05/2013 documents a request for EMG/NCS of the bilateral upper extremities is denied as there are no findings to justify the need for an EMG/NCS.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS OF RIGHT UPPER EXTREMITY: 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): 261.

Decision rationale: According to the CA MTUS/ACOEM, "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography(EMG) may be helpful." According to the medical records, the patient underwent bilateral wrist surgery in 2012 and left wrist surgery in April 2013. Examination on 08/28/2013 documents normal motor strength and reflexes and symmetrical sensory findings, as well as negative Tinel's and Phalen's. In addition, the patient does not describe any nerve pain, numbness or paresthesias. It is not established that the patient presents with any new or worsening objective findings to indicate active, worsening nerve injury present. It is reasonable that the symmetrically decreased sensory findings are long-standing, resultant from prior surgeries and the reason for surgeries. The medical records do not reveal clinically significant findings that establish medical necessity of an NCS of the right upper extremity. The request is not medically necessary.

EMG OF RIGHT UPPER EXTREMITY: 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): 261.

Decision rationale: According to the CA MTUS/ACOEM, "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." According to the medical records, the patient underwent bilateral wrist surgery in 2012 and left wrist surgery in April 2013. Examination on 08/28/2013 documents normal motor strength and reflexes and symmetrical sensory findings, as well as negative Tinel's and Phalen's. In addition, the patient does not describe any nerve pain,

numbness or paresthesias. It is not established that the patient presents with any new or worsening objective findings to indicate active, worsening nerve injury present. It is reasonable that the symmetrically decreased sensory findings are long-standing, resultant from prior surgeries and the reason for surgeries. The medical records do not reveal clinically significant findings that establish medical necessity of an EMG of the right upper extremity. The request is not medically necessary.

EMG OF LEFT UPPER EXTREMITY: 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): 261.

Decision rationale: According to the CA MTUS/ACOEM, "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." According to the medical records, the patient underwent bilateral wrist surgery in 2012 and left wrist surgery in April 2013. Examination on 08/28/2013 documents normal motor strength and reflexes and symmetrical sensory findings, as well as negative Tinel's and Phalen's. In addition, the patient does not describe any nerve pain, numbness or paraesthesias. It is not established that the patient presents with any new or worsening objective findings to indicate active, worsening nerve injury present. It is reasonable that the symmetrically decreased sensory findings are long-standing, resultant from prior surgeries and the reason for surgeries. The medical records do not reveal clinically significant findings that establish medical necessity of an EMG of the left upper extremity. The request is not medically necessary.

NCS OF LEFT UPPER EXTREMITY: 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.

Decision rationale: According to the CA MTUS/ACOEM, "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." According to the medical records, the patient underwent bilateral wrist surgery in 2012 and left wrist surgery in April 2013. Examination on 08/28/2013 documents normal motor strength and reflexes and symmetrical sensory findings, as well as negative Tinel's and Phalen's. In addition, the patient does not describe any nerve pain, numbness or paresthesias. It is not established that the patient presents with any new or worsening objective findings to indicate active, worsening nerve injury present. It is reasonable

that the symmetrically decreased sensory findings are long-standing, resultant from prior surgeries and the reason for surgeries. The medical records do not reveal clinically significant findings that establish medical necessity of an NCS of the left upper extremity. The request is not medically necessary.