

Case Number:	CM13-0042085		
Date Assigned:	12/27/2013	Date of Injury:	03/08/2012
Decision Date:	04/25/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/16/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is 38-year-old female with date of injury 03/08/2012. Per treating physician's report 09/06/2013, the patient presents with right hand pain ranging from 4/10 to 8/10, pain associated with swelling, worse in the evening with typing and lifting. The examination showed tenderness to palpation over the first carpal, metacarpal joint. Request was for EMG/NCV studies of the upper extremities, wearing right thumb spica splint, continue acupuncture. A 7/01/2013 report is by [REDACTED], and this is a final report with diagnoses of right wrist flexor carpi radialis tenosynovitis, possible right De Quervains', right thumb trapeziometacarpal joint chondromalacia/synovitis, right wrist scaphotrapezium joint chondromalacia/synovitis. He indicated that patient's condition was permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ELECTROMYOGRAM (EMG) AND NERVE CONDUCTION VELOCITY (NCV) TESTING OF THE BILATERAL UPPER EXTREMITIES:

Overtaken

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: This patient presents with chronic wrist, thumb, hand symptoms. The treating physician has asked for electrodiagnostic studies of the upper extremity. In fact, this was performed 01/17/2014, although this was requested initially by [REDACTED] on 09/06/2013. This request was denied by utilization review. ACOEM Guidelines recommend EMG/NCV studies for hand and wrist symptoms when appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. It also states that electrodiagnostic studies may be repeated in the course of treatment if symptoms persist. In this case, the patient's symptoms have persisted despite conservative care. Review of the reports from 01/17/2013 to 12/17/2013 does not show that this patient has had prior electrodiagnostic studies. Recommendation is for authorization.