

Case Number:	CM13-0043843		
Date Assigned:	03/28/2014	Date of Injury:	05/21/2012
Decision Date:	06/30/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/27/2013

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 Occupational Medicine 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 57-year-old male who has submitted a claim for carpal tunnel syndrome and right trigger thumb associated with an industrial injury date of May 21, 2012. Medical records from 2013 were reviewed. The patient complained of stiffness of the right thumb, pain on the ulnar side of the wrist with radiation to the small and ring fingers, and left hand pain with swelling and numbness. Physical examination showed volar MCP nodule with palpable triggering, tenderness over the previous carpal tunnel release scar, weakness of the right hand, and negative Tinel's and Phalen's tests. Treatment to date has included NSAIDs, opioids, home exercise programs, physical therapy, and right carpal tunnel release (4/11/13). Utilization review from October 1, 2013 denied the request for EMG/NCV of the right upper extremity for the post-operative right hand/wrist due to lack of physical examination findings that would support the diagnosis of carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE RIGHT UPPER EXTREMITY FOR THE POST-OPERATIVE RIGHT HAND/WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: According to the MTUS/ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient is status post right carpal tunnel release last April 11, 2013. Patient underwent physical therapy sessions to the right wrist, however, recent progress notes reported stiffness of the right thumb and pain on the ulnar side of the wrist with radiation to the small and ring fingers. However, there are no distinctive focal neurologic deficits that would potentially be consistent with radiculopathy. Therefore, the request for EMG of the right upper extremity for the post-operative right hand/wrist is not medically necessary.

NCS OF THE RIGHT UPPER EXTREMITY FOR THE POST-OPERATIVE RIGHT HAND/WRIST: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Nerve Conduction Studies (NCS).

Decision rationale: The California MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS is not recommended to demonstrate radiculopathy, if radiculopathy has already been clearly identified by EMG and obvious clinical signs; but is recommended if the EMG does not clearly identify radiculopathy. In this case, the patient presented with recurring symptoms after surgery and persisted despite physical therapy. Progress notes from September 24, 2013 reported stiffness of the right thumb and pain on the ulnar side of the wrist with radiation to the small and ring fingers. However, a comprehensive neurologic exam was not documented. Therefore, the request for NCS of the right upper extremity for the post-operative right hand/wrist is not medically necessary and appropriate.