

Case Number:	CM13-0051127		
Date Assigned:	12/27/2013	Date of Injury:	07/30/2004
Decision Date:	05/06/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/14/2013

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, has a subspecialty in Pediatric Rehabilitation 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 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 injured worker is a 53-year-old female, with a reported date of injury on 07/30/2004. The mechanism of injury was a cumulative trauma injury. The injured worker reported continued chronic pain to her bilateral upper extremities. The injured worker had a diagnosis of carpal tunnel syndrome. The injured worker previously underwent a carpal tunnel release to the bilateral wrists in 2001. The injured worker underwent an electromyography and a nerve conduction velocity on 10/17/2013, which showed no electrophysiological indication of radiculopathy, electro neuro-graphic findings are indicative of mild-to-moderate left carpal tunnel syndrome, electro neuro-graphic indicators of ulnar neuropathy were not seen, and no acute cervical radiculopathy was noted. The current request is for electromyography and a nerve conduction velocity of the bilateral upper extremities. On examination of the elbow there was no swelling, no erythema, or increased heat through the area of specific tenderness, with reproducible Tinel's that are reproduced on the lateral portion of the left elbow above or proximal to the lateral epicondyle. It also indicated that on wrist extension against mild-to moderate resistance, no pain was reproduced. There was no grinding of grinding and the elbow presents with full flexion and extension, with no gross signs or any collateral ligament instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTION VELOCITY (NCV) OF THE BILATERAL UPPER EXTREMETIES: Upheld

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): 268-269.

Decision rationale: The MTUS/ACOEM Guidelines indicates that in most patients presenting with true hand and wrist problems, special studies are not needed until after a four to six (4 to 6) week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. The information provided does not indicate that the injured worker has had four to six (4 to 6) weeks of conservative care for her current upper extremity pain. The injured worker recently underwent electrodiagnostic testing, which indicated that the patient had findings of carpal tunnel syndrome on the left and no acute findings of radiculopathy were present. On examination of the elbow, there was no swelling, no erythema or increased heat through the area of specific tenderness, with reproducible Tinel's that are reproduced on the lateral portion of the left elbow above or proximal to the lateral epicondyle. It also indicated that on wrist extension against mild to moderate resistance, and no pain was reproduced. Although repeating electrodiagnostic studies to more adequately evaluate the radial nerve that was not assessed during the initial electrodiagnostic studies in an effort to formulate an appropriate treatment plan would be supported, the request is for testing of the bilateral upper extremities. The patient lacked objective deficits in the right upper extremity to support bilateral testing. Therefore, the request for nerve conduction velocity of the bilateral upper extremities is not medically necessary.

ELECTROMYOGRAPHY (EMG) OF THE BILATERAL UPPER EXTREMITIES:
Upheld

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): 268-269, Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS/ACOEM Guidelines indicates that in most patients presenting with true hand and wrist problems, special studies are not needed until after a four to six (4 to 6) week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. The information provided does not indicate that the injured worker has had four to six (4 to 6) weeks of conservative care for her current upper extremity pain. The injured worker recently underwent electrodiagnostic testing, which indicated that the patient had findings of carpal tunnel syndrome on the left and no acute findings of radiculopathy were present. On examination of the elbow, there was no swelling, no erythema or increased heat through the area of specific tenderness, with reproducible Tinel's that are reproduced on the lateral portion of the left elbow above or proximal to the lateral epicondyle. It also indicated that on wrist extension against mild to moderate resistance, and no pain was reproduced. Although repeating electrodiagnostic studies to more adequately evaluate the radial nerve that was not

assessed during the initial electrodiagnostic studies in an effort to formulate an appropriate treatment plan would be supported, the request is for testing of the bilateral upper extremities. The patient lacked objective deficits in the right upper extremity to support bilateral testing. Therefore, the request for electromyography is not medically necessary.