

Case Number:	CM13-0052431		
Date Assigned:	01/15/2014	Date of Injury:	07/15/2010
Decision Date:	06/13/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/09/2013

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:

This is a 39 year old female who has reported bilateral upper extremity symptoms of gradual onset around 2010, attributed to usual work activity and with a listed date of injury of 7/15/10. Symptoms have included wrist and hand pain, with non-specific numbness and tingling of the hands. A 2/13/12 NCV of the upper extremities was normal. A 12/6/10 NCV and EMG did not show any carpal tunnel syndrome, and the EMG was negative. She has been diagnosed with carpal tunnel syndrome and a ganglion cyst. Treatment has included injection of both wrists, physical therapy for the left wrist, splinting, and a left carpal tunnel release on 6/4/13. A left wrist ganglion cyst was removed on 12/3/13. On 9/23/13 the surgeon evaluated the injured worker and noted a painful, swollen wrist mass, no improvement in the left sided numbness and tingling, numbness in all the fingers of the right hand, and some signs of carpal tunnel syndrome on the right. A repeat NCV was recommended due to clinical findings consistent with right carpal tunnel syndrome, and a prior negative test. Cyst removal was planned. On 10/8/13 the primary treating physician noted right wrist pain only, a cyst, and recommended cyst removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE ELECTROMYOGRAM (EMG) OF THE BILATERAL UPPER EXTREMITIES:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: Per the MTUS, an EMG is recommended for diagnosis of carpal tunnel syndrome. This injured worker has had the same symptoms for years, with two prior negative NCV tests and one prior negative EMG test. There has been no recent clinical change to warrant a third round of testing. An EMG is not required for the diagnosis of carpal tunnel syndrome, per the cited guidelines, and the treating physician has not explained why an EMG is needed. The EMG is not medically necessary based on the lack of necessity to perform an EMG when carpal tunnel syndrome is the clinical diagnosis, and because there is no clinical need to repeat the electrodiagnostic testing.

ONE NERVE CONDUCTION VELOCITY (NCV) STUDY OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: Per the MTUS, an NCV is recommended for diagnosis of carpal tunnel syndrome. This injured worker has had the same symptoms for years, with two prior negative NCV tests. There has been no recent clinical change to warrant a third round of testing. The treating physician has not addressed the specific indications for another test when prior test were normal and the signs and symptoms have not changed. The third NCV test is not medically necessary based on the MTUS and lack of sufficient indications to repeat the test.