MAXIMUS Federal Services

Case Number:	CM13-0054725		
Date Assigned:	01/03/2014	Date of Injury:	02/16/2010
Decision Date:	03/26/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, has a subspecialty in Family Practice 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 physician 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 56 year old male claimant sustained a work related injury involving bilateral arms and wrists as well as a left wrist fracture. He had an open reduction and internal fixation of his left wrist. He had recurrent trigger finger symptoms in the right wrist and recurrent carpal tunnel symptoms in both hands. He had carpal tunnel release on both wrists. He has received therapy from 6/4/13 to 10/4/13. An exam report on 9/18/13 noted that the claimant tenderness of the lateral elbows and a positive Phalen's sign. An Electromyography (EMG) and Nerve Conduction Study were ordered for bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Left Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009, Forearm, Wrist, & Hand Complaints (updated 05/08/13) and (ODG) Official Disability Guidelines, Forearm, Wrist, & Hand Complaints (updated 05/08/13).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272 and 276.

Decision rationale: According to the MTUS guidelines, routine use of EMG for diagnostic evaluation of nerve entrapment without symptoms is not recommended. Table 11-3 indicated that if there are objective findings on exam then physiologic testing is not necessary. In this case, the claimant already has a diagnosis of carpal tunnel and physical findings of epicondylitis. An EMG is not medically necessary based on the treatment guidelines.

Nerve Conduction Study (NCS) Right Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009, Forearm, Wrist, & Hand Complaints (updated 05/08/13) and (ODG) Official Disability Guidelines, Forearm, Wrist, & Hand Complaints (updated 05/08/13).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272-276.

Decision rationale: According to the MTUS guidelines, routine use of NCV for diagnostic evaluation of nerve entrapment without symptoms is not recommended. NCV is appropriate for ulnar impingement of the wrist after failure of conservative treatment or confirmation of carpal tunnel. Table 11-3 indicated that if there are objective findings on exam then physiologic testing is not necessary. In this case, the claimant already has a diagnosis of carpal tunnel and physical findings of epicondylitis. An NCV is not medically necessary based on the treatment guidelines.

Nerve Conduction Study (NCS) Left Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009, Forearm, Wrist, & Hand Complaints (updated 05/08/13) and (ODG) Official Disability Guidelines, Forearm, Wrist, & Hand Complaints (updated 05/08/13).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272-276.

Decision rationale: According to the MTUS guidelines, routine use of NCV for diagnostic evaluation of nerve entrapment without symptoms is not recommended. NCV is appropriate for ulnar impingement of the wrist after failure of conservative treatment or confirmation of carpal tunnel. Table 11-3 indicated that if there are objective findings on exam then physiologic testing is not necessary. In this case, the claimant already has a diagnosis of carpal tunnel and physical findings of epicondylitis. An NCV is not medically necessary based on the treatment guidelines.

EMG Right Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009, Forearm, Wrist, & Hand Complaints (updated 05/08/13) and (ODG) Official Disability Guidelines, Forearm, Wrist, & Hand Complaints (updated 05/08/13).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272-276.

Decision rationale: According to the MTUS guidelines, routine use of EMG for diagnostic evaluation of nerve entrapment without symptoms is not recommended. Table 11-3 indicated that if there are objective findings on exam then physiologic testing is not necessary. In this case, the claimant already has a diagnosis of carpal tunnel and physical findings of epicondylitis. An EMG is not medically necessary based on the treatment guidelines.