MAXIMUS Federal Services

Case Number:	CM13-0055827		
Date Assigned:	12/30/2013	Date of Injury:	08/06/2013
Decision Date:	05/07/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/21/2013

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 and Pain Management, 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:

The patient is a 56 year old male with a date of injury of 08/06/2013. The listed diagnoses per [redacted] dated 10/17/2013 are: 1. Status post right open carpal tunnel release, date unknown 2. Probably injury to the anterior interosseous nerve 3. Numbness in the long, ring, and small fingers of uncertain etiology According to the progress report dated 10/17/2013, the patient complains of numbness in the long, ring, and small fingers and weakness in the thumb and index. He has some mild forearm discomfort. He currently takes escitalopram, hydrochlorothiazide, metoprolol, and losartan. The physical examination shows no atrophy of the right hand muscles. He has full range of motion of the hand, wrist, and elbow with a full composite grip. There is a well-healed open carpal tunnel scar. He does have weakness of the FPL and the index FDP. Otherwise, he has a full composite grip and normal sensation. Also, he has a negative Tinel's sign over the cubital and carpal tunnels, a negative elbow flexion test, and a negative Phalen's test. The treater is requesting a repeat EMG and NCV of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT EMG (ELECTROMYOGRAPHY) OF THE RIGHT UPPER EXTREMITY:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-279,261.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 262..

Decision rationale: This patient presents with finger and forearm pain. This patient is status post right carpal tunnel release from 15 years ago, as referenced in the UR letter. The request is for a repeat Electromyography (EMG) of the upper extremity per report 10/17/13. Review of the reports show that the patient actually had a set of Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies on 9/27/13 that showed evidence of severe right carpal tunnel syndrome affecting sensory and motor components as well as demyelination of ulnar motor nerve distal to cubital tunnel. The MRI of the right hand from 9/18/13 showed degeneration of the triangular fibrocartilage, and mild median nerve enlargement. The treater states that he does not agree with the recent EMG/NCV findings and would like repeat studies to verify pathology of the anterior interosseous nerve. The treater states that the patient's right carpal tunnel symptoms resolved 15 years ago and is concerned about the forearm pain and possible interosseous nerve entrapment. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines, page 262 do support "appropriate" electrodiagnostics to differentiate various conditions. In this case, the addition of anterior interosseous nerve study maybe appropriate as well as the addition of a few more needle studies of the anterior forearm. However, repeating the entire electrodiagnostic studies appear excessive repeat EMG (electromyography) of the right upper extremity is not medically necessary and appropriate.

REPEAT NCV (NERVE CONDUCTION VELOCITY) OF THE RIGHT UPPER EXTREMITY.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-279,261.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 262..

Decision rationale: This patient presents with finger and forearm pain. This patient is status post right carpal tunnel release from 15 years ago, as referenced by the Utilization Review (UR) letter. The treater is requesting a repeat Nerve Conduction Velocity (NCV) for the right upper extremity. Review of the reports show that the patient actually had a set of EMG/NCV studies on 9/27/13 that showed evidence of severe right carpal tunnel syndrome affecting sensory and motor components as well as demyelination of ulnar motor nerve distal to cubital tunnel. The MRI of the right hand from 9/18/13 showed degeneration of the triangular fibrocartilage, and mild median nerve enlargement. The treater states that he does not agree with the recent EMG/NCV findings and would like repeat studies to verify pathology of the anterior interosseous nerve. The treater states that the patient's right carpal tunnel symptoms resolved 15 years ago and is concerned about the forearm pain and possible interosseous nerve entrapment. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines, page 262 do support "appropriate" electrodiagnostics to differentiate various conditions. In this case, the addition of anterior interosseous nerve study maybe appropriate as well the addition of

a few more needle studies of the anterior forearm. However, repeating the entire electrodiagnostic studies appear excessive. repeat ncv (nerve conduction velocity) of the right upper extremity is not medically necessary and appropriate.