MAXIMUS Federal Services

Case Number:	CM13-0056841		
Date Assigned:	06/09/2014	Date of Injury:	03/04/2013
Decision Date:	07/25/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/23/2013

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 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 injured worker is a 29 year old male who reported an injury on 03/04/2013 from lifting heavy windows repetitively. The injured worker had a history of bilateral carpal tunnel syndrome, left asymptomatic, and numbness in the hands and wrist. The injured worker had numbness to the hands that was associated with lifting. The clinical note dated 11/04/2013 revealed the injured worker's bilateral hand symptoms were localized. The injured worker's complaints to his hands were minimal and not disabling. His examination was normal aside from his subjective complaints of numbness. There were no orthopedic work restrictions in place. The injured worker had diagnoses of right middle finger numbness of unknown origin, and hernias. The provider indicated an electromyography and nerve conduction velocity of the upper extremities was performed on 06/14/2013 which revealed a normal study. The clinical note dated 12/17/2013 revealed the injured worker had constant aching pain in the right hand, with numbness and tingling in the middle finger, accompanied by stiffness in all fingers. The palm was sensitive and the injured worker had difficulty gripping, grasping, pushing, pulling and dropping things with the right hand. The injured worker was also unable to make a fist with the right hand. The injured worker stated that medications and therapy had largely resolved the pain in his left hand and he only had occasional aching with forceful use of it. The exam revealed tenderness over the right carpal tunnel. Intrinsic strength was preserved in both hands. Tinel's, Phalen's, and Durkin signs were positive on the right and were entirely negative on the left. The past surgeries included right ankle, right wrist open reduction internal fixation in 2007, and left inguinal hernia repair in 2013. The prior treatments included medications and 12 sessions of physical therapy. Medications included Percocet, Flomax, and Flagyl. The treatment request is for electromyography (EMG) of the left upper extremity, as an outpatient and nerve conduction

velocity (NCV) of the left upper extremity, as an outpatient. The injured worker had not worked since 11/2013. The request for authorization form was dated 05/06/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF THE LEFT UPPER EXTREMITY, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

Decision rationale: The ACEOM Guidelines state that appropriate electodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. The injured worker had an electromyography (EMG) and nerve conduction velocity (NCV) on 06/14/2013 that was normal. The injured worker stated that medications and therapy had largely resolved the pain in his left hand. He only had occasional aching with forceful use of it. The request is for the left upper extremity which is noted to be asymptomatic within the provided documentation. There is no neurologic dysfunction shown within the documentation. Tinel's, Phalen's, and Durkin signs are noted to be negative on the left within the medical records. As such, the request is not medically necessary and appropriate.

NERVE CONDUCTION VELOCITY (NCV) OF THE LEFT UPPER EXTREMITY, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

Decision rationale: The ACEOM Guidelines state that appropriate electodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. The injured worker had an electromyography (EMG) and nerve conduction velocity (NCV) on 06/14/2013 that was normal. The provider stated that the injured worker's complaints to his hands were minimal and not disabling. The injured worker stated that medications and therapy had largely resolved the pain in his left hand. He only had occasional aching with forceful use of it. The request is for the left upper extremity which is noted to be asymptomatic within the provided documentation. There is no neurologic dysfunction shown within the documentation. Tinel's, Phalen's, and Durkin signs are noted to be negative on the left within the medical records. As such, the request is not medically necessary and appropriate.